

UNIT: Hutchins

DATE: 10/24/11

INSPECTOR: Sgt. Jason Stilwell  
Operational Review

III. FACILITIES (Environmental Branch)

1. OUTDOOR AIR QUALITY

- 1.01 Is the local fire department, law enforcement, fire marshal or the Texas Commission on Environmental Quality (TCEQ) Regional Office notified prior to any outdoor burning operation or fire training conducted at a unit/facility?

(30 TAC 111.B) (EA- 07.03)

YES NO NA

COMMENTS: No burning operations on facility

METHODOLOGY: Verify that records of notification are kept indicating appropriate approvals or permits are received for conducting burn operations.

- 1.02 If the unit has one or more of the following types of operation, is there an applicable Permit/Exemption on file for:

(30 TAC 106.231, 106.373, 106.477, 106.418, 106.433, 106.436, 106.452, 106.491, 111.121, 111.129)

- |   |     |    |           |
|---|-----|----|-----------|
| A. Grain drying or storage facilities?                            | YES | NO | <u>NA</u> |
| B. Dry abrasive cleaning (sandblasting) operations?               | YES | NO | <u>NA</u> |
| C. Anhydrous ammonia refrigeration systems or storage facilities? | YES | NO | <u>NA</u> |
| D. Single, dual and or multiple-chamber incinerators?             | YES | NO | <u>NA</u> |

COMMENTS: Facility doesn't conduct any of these operations

METHODOLOGY: A-E. Verify status of registrations, exemptions, approvals or permits received for these activities.

- 1.03 If the unit has one or more of the following types of operation, is it registered with the TCEQ and is there an applicable Permit/Exemption on file for:

(30 TAC 106.231, 106.373, 106.477, 106.418, 106.433, 106.436, 106.452, 106.491, 111.121, 111.129)

- |   |     |    |           |
|---|-----|----|-----------|
| A. Surface coating or stripping operations for metal or wood products (excluding vehicle repair and refinishing)?   | YES | NO | <u>NA</u> |
| B. Manufacturing, refinishing and/or restoration of wood products?  | YES | NO | <u>NA</u> |
| C. Printing operations (i.e., screen printers, ink-jet printers, presses using electron beam or ultraviolet light curing and labeling operations) and support equipment (i.e., corona treaters, curing lamps) and preparation/cleaning equipment? | YES | NO | <u>NA</u> |
| D. Auto body repair and refinishing operations?   | YES | NO | <u>NA</u> |

COMMENTS: Facility doesn't conduct any of these operations

METHODOLOGY: A-C. Confirm that applicable operations have a copy of their Permit by Rule or exemption on site. Make sure records of emission calculations for the past 12 months are kept on site.



**ATTORNEYS EYES ONLY**UNIT: HutchinsDATE: 10/24/11INSPECTOR: Sgt. Jason Shilwell  
Operational Review**III. FACILITIES (Environmental Branch)****2. FUEL DEPOTS****NOTE:** This checklist will also be used to evaluate any Fuel Depots operated by Offender Transportation.2.01 In regards to the fuel depots:  
(40 CFR 112.7, 112.9, 112.12; 30 TAC §106.8; NFPA 30A)  
(EA-07.05 & EA-07.07)

- |     |   |     |    |           |
|-----|---|-----|----|-----------|
| A.  | Is the berm around fuel depots in good condition with no signs of erosion, damage, and impermeable to the materials being stored?                           | YES | NO | <u>NA</u> |
| B.  | Is the soil at the fuel depot free from any sign of contamination that could be a result of leaks, overfilling, etc.?                                       | YES | NO | <u>NA</u> |
| C.  | Is the Texas Commission on Environmental Quality (TCEQ) Notice of Storage Tank Registration displayed or available for inspection?                          | YES | NO | <u>NA</u> |
| D.  | If uncontaminated rainwater is drained from the berm, is the drain line capped or control valve closed when not in use?                                     | YES | NO | <u>NA</u> |
| *E. | Is the spacing between tanks 1/6 the sum of the adjacent tank diameters but not less than three feet apart?   | YES | NO | <u>NA</u> |
| *F. | Is the depot dispensing device equipped with Emergency Shut-Offs?   | YES | NO | <u>NA</u> |
| *G. | Is a 20-lb fire extinguisher (or 2 10-lb. fire extinguishers) with a minimum 40B: C rating located 20 -100 feet of each pump and storage tank fill opening? | YES | NO | <u>NA</u> |

COMMENTS: Facility doesn't have Fuel Depots

**METHODOLOGY:** Inspect the area. **A.** It requires a simple judgment as to the structural integrity of the berms or dikes encompassing the fuel tank area. The containment area surrounding the tank should hold 110% of the contents of the largest tank plus freeboard for precipitation. **B.** Spills outside the berm/dike are prohibited and must be reported if they are 25 gallons or greater of a petroleum product. Spills inside the berm are permissible but must be cleaned up as soon as possible. **C.** Review required certificates. Registration is required at sites where an above ground petroleum storage tank has a capacity of 1100 gallons or more. **D.** Check the drainage system of the berm to ensure it prevents uncontrolled runoff.

**\* NOTE:** Items E, F, & G. only apply to fuel depots constructed, replaced, or upgraded after January 1, 2000. Those fuel depots currently include: Byrd, Central, Eastham, Lewis, Neal, Robertson, Torres, Wynne and Stiles. **E.** Check the spacing between the tanks within the berm to ensure there is a minimum of three feet between them; measure between widest point of the tank diameters. **F.** There should be an emergency shut-off control. Emergency shut-offs for the dispensing pump should not be less than 20 feet or more than 100 feet from the pump for fuel depots constructed, replaced, or upgraded after January 1, 2000. **G.** Inspect fire extinguishers.



**ATTORNEYS EYES ONLY**

UNIT: Hutchins DATE: 10/24/11 INSPECTOR: Sgt. Shilwell  
*Jasim*  
*Operational Review*

**III. FACILITIES (Environmental Branch)****3. Hazardous, Non-Hazardous, and Universal Waste**

**NOTE:** This checklist will also be used to evaluate any waste related activities operated by Offender Transportation.

**3.01H In regards to waste collection containers: (EA-02.03, EA-02.04)**

- A. Are all containers in the waste accumulation area properly closed, except when necessary to add or remove waste? ☒ YES NO NA
- B. Does the container label properly identify the type of waste as "Hazardous Waste, Universal Waste or Non-Hazardous Waste"? ☒ YES NO NA
- C. Does the container label include the specific identity of waste (Used Antifreeze, Used Oil, Used Oil Filters, Paint Waste, Pesticides, Thermostats, or Hazardous Waste identified in 40 CFR 261.3)? ☒ YES NO NA
- D. Are all areas free from leakage or spills? ☒ YES NO NA

COMMENTS: Inspected containers and all are are stored appropriately, containers containing waste are labeled properly. Containers containing used oil or Hazardous waste are properly labeled identifying type of waste. Areas are free of spills or leaks

METHODOLOGY: A. Verify there are no open containers. Drums will be bunged, cans will be lidded, open top drums will be lidded in some fashion. No funnels should be left in bungs, etc., unless they are draining. Immediately after draining remove funnel and close container. B. & C. Inspect containers for proper labeling to include type of waste and specific identity of waste. This information should be painted, stenciled or otherwise marked on each container. D. Inspect the area for signs of leaks or spills.

**3.02H Is there a Non-Hazardous, Universal, and Hazardous Waste Container Accumulation, Storage, and Disposal Log being filled out for each container of waste? (EA-02.04)**☒ YES NO NA

COMMENTS: Reviewed "Non-Hazardous, Universal, and Hazardous Waste Container Accumulation, Storage and Disposal Log's" and the "Uniform Hazardous Waste Manifest"

METHODOLOGY: Department(s) managing waste accumulation areas must maintain a "Non-Hazardous, Universal and Hazardous Waste Container Accumulation, Storage and Disposal Log" for each waste present as included in EA-02.04. This log serves as an internal tracking device for generation of waste and as documentation for waste disposed of through a local recycler at no cost to State. If waste is disposed of through an approved vendor the "Uniform Hazardous Waste Manifest" (if Hazardous) or Bill of Lading (if Non-Hazardous or Universal) and "Non-Hazardous, Universal and Hazardous Waste Container Accumulation, Storage, and Disposal Log" apply.

**3.03 Are there absorbent materials (i.e. sawdust, clay, litter, other) available to clean up spills or leaks from containers holding liquid wastes? (EA-02.04)**☒ YES NO NA

COMMENTS: Reviewed Log's and location of absorbent materials

METHODOLOGY: Inspect the waste accumulation area for the presence of absorbent material.



**ATTORNEYS EYES ONLY****III. FACILITIES (Environmental Branch); 3. Hazardous, Non-Hazardous, and Universal Waste**

- 3.04 If applicable are copies of the Uniform Hazardous Waste Manifests available for the past three years?(EA-02.01)

YES NO NA

COMMENTS: Reviewed with Jerry Pugh-Maintenance Supervisor the "Uniform Hazardous Waste Manifest" for the past three years which are filed in the Maintenance Dept.

*METHODOLOGY: This form is used to provide a standard chain-of-custody for Hazardous (not Non-Hazardous or Universal) waste disposed of through an authorized vendor only. Review the records at the location which produced the manifests. One department may be retaining the records for the entire facility; it is unlikely a disposal vendor would leave more than one manifest per pickup.*



**ATTORNEYS EYES ONLY**UNIT: HutchinsDATE: 10/24/11INSPECTOR: Sgt. Jason Shilwell  
Operational Review**III. FACILITIES (Environmental Branch)****4. SOLID WASTE****4.01H In regards to stored and collected solid waste:  
(EA-02.07, EA-02.09) (FDM - 04.01)**

- A. Is garbage containing food waste stored in covered or closed containers which are leakproof, durable, and designed for safe handling and easy cleaning?

YES NO NA

- B. Has all disposal of solid waste been in accordance with the Texas Solid Waste Disposal Act as not to create and maintain a nuisance, or allow dumping of municipal solid waste without the written authorization of the Texas Commission on Environmental Quality (TCEQ)?

YES NO NA

COMMENTS: Inspected areas where food waste is disposed, the area is clear of debris, unwanted metals, scrap and debris are placed in a metal dumpster and hauled away by a recycling company.

METHODOLOGY: A. Check the area where food waste is stored or disposed. The containers for moving or storing food waste must have lids. There must not be any food waste such as bones or other food debris on the ground near the containers or other storage containers. B. Check remote outside areas of the facility and ask the maintenance manager where unwanted metals, scrap, and debris are disposed. There must not be any uncontrolled dumping of waste on the facility.

4.02 Are scrap tires stored, inventoried, inspected, and disposed of before reaching the maximum allowed quantity of 500 tires on the ground or 2,000 tires in trailers? (EA-02.08)

YES NO NA

COMMENTS: Facility does not store scrap tires

METHODOLOGY: For facilities that store scrap tires: contact the farm manager or transportation department; inspect scrap tire storage locations, and review required documentation; for less than 500 scrap tires review the "Scrap Tire Storage Inspection" form or for scrap tires in excess of 500 the "Scrap Tire Management Registration Application" form.

4.03 Does the unit incorporate efforts to collect and segregate recyclable materials for recycling when it is economically feasible? (FDM-05.08) (EA-02.09 thru EA-02.21)

YES NO NA

COMMENTS: Maintenance Supervisor Jerry Rugh advised that aluminum and cardboard are recycled

METHODOLOGY: All facilities are required to recycle when possible. Possible recyclable materials include: automotive anti-freeze, automotive batteries, cardboard, office paper, computer components, scrap metal and scrap tires. Check with the maintenance manager to determine whether these materials are being recycled.



**ATTORNEYS EYES ONLY**UNIT: Hutchins DATE: 10/24/11 INSPECTOR: Sgt. Jason Shilwell  
Operational Review**III. FACILITIES (Environmental Branch)****5. POTABLE WATER HAULING OPERATIONS****5.01H** Are operational records maintained when the tank truck or trailer is in use that includes:  
(EA-03.04, FDM-04.08)

- |    |  |     |    |                                     |
|----|--|-----|----|-------------------------------------|
| A. | The identity of the hauler used only for transporting potable liquids. | YES | NO | <input checked="" type="radio"/> NA |
| B. | The identity of the approved Public Water System used to fill.         | YES | NO | <input checked="" type="radio"/> NA |
| C. | The total daily volume hauled (gallons).                               | YES | NO | <input checked="" type="radio"/> NA |
| D. | The daily chlorine residual (when in use).                             | YES | NO | <input checked="" type="radio"/> NA |
| E. | The microbiological (coliform) results (monthly minimum).              | YES | NO | <input checked="" type="radio"/> NA |
| F. | The date(s) of tank truck or trailer disinfection (monthly minimum).   | YES | NO | <input checked="" type="radio"/> NA |

COMMENTS: City of Hutchins Water System

*METHODOLOGY: A. Unique identification or asset number. B. Approved Public Water Systems are assigned a seven digit system identification number by the TCEQ. C. Daily usage should be noted in operational records. D. Identify the source (groundwater or surface) and method of disinfection (chlorine or chloramine). Groundwater is typically disinfected with chlorine (minimum 0.5 mg/l free residual). Surface water is typically disinfected with chloramine (chlorine and ammonia) (minimum 1.0 mg/l total chlorine residual). E. Microbiological analysis by TCEQ approved lab. F. Disinfection should be noted in operational records.*

**5.02** In regards to tank truck or trailers:  
(EA-03.04, FDM-04.08)

- |    |  |     |    |                                     |
|----|--|-----|----|-------------------------------------|
| A. | Is the tank truck or trailer labeled with the words "Drinking Water"?  | YES | NO | <input checked="" type="radio"/> NA |
| B. | Does manhole cover overlap the raised manhole opening by a minimum of two inches and terminate in a downward direction?            | YES | NO | <input checked="" type="radio"/> NA |
| C. | Is the manhole opening kept locked, except during times of filling?  | YES | NO | <input checked="" type="radio"/> NA |
| D. | Is tank truck or trailer equipped with a downward facing vent that is screened with 16-mesh or finer corrosion resistant material? | YES | NO | <input checked="" type="radio"/> NA |
| E. | Are the connections (openings) on the wagon used for filling and emptying the tank properly protected with caps and keeper chains? | YES | NO | <input checked="" type="radio"/> NA |



ATTORNEYS EYES ONLY

III. FACILITIES (Environmental Branch); 5. Potable Water Hauling Operations

- F. Are the hoses labeled "Drinking Water Only"? YES NO ☒ NA
- G. Are the hoses provided with caps and keeper chains or have the ends connected together? YES NO ☒ NA

COMMENTS: City of Hutchins Water System

*METHODOLOGY: A-G. Verify the tank truck or trailer tank, connections and hoses are properly labeled, constructed and protected.*



**ATTORNEYS EYES ONLY**UNIT: Hutchins DATE: 10/24/11 INSPECTOR: Sgt. Jason Shilwell  
Operational Review**III. FACILITIES (Environmental Branch)****6. PUBLIC WATER SYSTEMS**

*Production systems include Beto-Gurney-Powledge, Buffalo Ranch, Central, Chase Field-Garza East-Garza West, Coffield-Michael, Darrington, Eastham, Ferguson, Jester I-III-IV-Vance, Luther, Pack, Ramsey-Stringfellow-Terrell and Scott. Beto, Chase Field, Coffield, Jester I and Ramsey will be reviewed as record holder for these systems for purposes of this audit.*

**6.01H** The following apply to systems with drinking water production facilities on site:  
(EA-03.01) (FDM-04.03) (FDM-04.06)

- |   |     |    |      |
|---|-----|----|------|
| A. Are facilities accessible by all weather roads?  | YES | NO | (NA) |
| B. Are facilities enclosed by an intruder-resistant fence and lockable gate or building?  | YES | NO | (NA) |
| C. Are grounds and facilities maintained in a manner so as to minimize the possibility of the harboring of rodents, insects, and other disease vectors, and in such a way as to prevent other conditions that might cause the contamination of the water? | YES | NO | (NA) |
| D. Are exterior coating systems maintained to provide adequate protection to all surfaces subject to deterioration?   | YES | NO | (NA) |
| E. Are vents and air releases covered with 16-mesh or finer corrosion resistant screen?   | YES | NO | (NA) |
| F. Are wells and production meters working properly?  | YES | NO | (NA) |
| G. Has appropriate documentation for corrective action been submitted to include a Work Order or Major Work Request for any deficiencies noted?   | YES | NO | (NA) |

COMMENTS: City of Hutchins Water System

*METHODOLOGY: A. Roads to facilities shall be navigable in all weather conditions. B. Lockable building may serve in lieu of a gate. C. Drainage shall be controlled to eliminate stagnation or pooling; routine mowing and edging is required; location shall be free from litter. D. Exterior surfaces shall be protected from rust. E. Visual inspection indicates that vent and air releases are secured and undamaged. F. Verify that water producing wells have meters that register production in gallons. G. Verify that Work Orders or Major Work Requests are submitted if deficiencies are noted.*

**6.02H** The following apply to systems with drinking water disinfection facilities on site: (EA-03.01) (FDM-04.06)

- |   |     |    |      |
|---|-----|----|------|
| A. Are facilities enclosed by an intruder-resistant fence and lockable gate or building?  | YES | NO | (NA) |
| B. Are exterior coating systems maintained to provide adequate protection to all surfaces subject to deterioration?                             | YES | NO | (NA) |
| C. Are chlorine scales, room exhaust and injector working properly?   | YES | NO | (NA) |
| D. Is a fresh 30% ammonia solution available on site for chlorine gas leak detection?   | YES | NO | (NA) |
| E. Are chlorine tanks secured so they cannot tip over?  | YES | NO | (NA) |
| F. Has appropriate documentation for corrective action been submitted to include a Work Order or Major Work Request for any deficiencies noted? | YES | NO | (NA) |



## III. FACILITIES (Environmental Branch); 6. PUBLIC WATER SYSTEMS

COMMENTS: City of Hutchins Water System

**METHODOLOGY:** All production systems are equipped with disinfection facilities. **A.** Lockable building may serve in lieu of a gate. **B.** Exterior surfaces shall be protected from rust. **C.** Enclosures containing more than one operating 150-pound cylinder shall also provide forced air ventilation which includes screened and louvered floor level and high level vents, a fan which is located at and draws air in through the top vent and discharges to the outside atmosphere through the floor level vent and a fan switch located outside the enclosure. **D.** Product manufacture date has not expired. **E.** Verify cylinders are secured by blocking or chains. **F.** Verify that Work Orders or Major Work Requests are submitted if deficiencies are noted.

## 6.03H The following apply to systems with drinking water storage facilities on site: (EA-03.01) (FDM-04.03) (FDM-04-06)

- |   |     |    |                                     |
|---|-----|----|-------------------------------------|
| A. Are facilities accessible by all weather roads?  | YES | NO | <input checked="" type="radio"/> NA |
| B. Are grounds and facilities maintained in a manner so as to minimize the possibility of the harboring of rodents, insects, and other disease vectors, and in such a way as to prevent other conditions that might cause the contamination of the water? | YES | NO | <input checked="" type="radio"/> NA |
| C. Are facilities enclosed by an intruder-resistant fence and lockable gate or building?  | YES | NO | <input checked="" type="radio"/> NA |
| D. Are exterior coating systems maintained to provide adequate protection to all surfaces subject to deterioration?   | YES | NO | <input checked="" type="radio"/> NA |
| E. Are vents and overflows covered with 16-mesh or finer corrosion resistant screen?  | YES | NO | <input checked="" type="radio"/> NA |
| F. Are overflow pipes equipped with a gravity hinge and weighted cover that does not gap more than 1/16 <sup>th</sup> of an inch?   | YES | NO | <input checked="" type="radio"/> NA |
| G. Are ground storage water level indicators or elevated storage altitude gauges working properly?  | YES | NO | <input checked="" type="radio"/> NA |
| H. Has appropriate documentation for corrective action been submitted to include a Work Order or Major Work Request for any deficiencies noted?   | YES | NO | <input checked="" type="radio"/> NA |

COMMENTS: City of Hutchins Water System

**METHODOLOGY:** Methodology: Units with only one ground storage tank are Marlin, Michael and Mountain View. Units with only one elevated tank are Ellis, Sanchez and Travis. Units with one ground and one elevated tank are Beto, Central, Clemens, Darrington, Estelle, Ferguson, Goree, Hilltop, Luther, Pack, Ramsey, Stringfellow, Scott and Terrell. Units with two elevated and one ground tank are Chase and Eastham. Units with two ground and one elevated tank are Coffield, Jester and Powledge. Powledge ground storage tank #3 has been assigned to Beto. **A.** Roads to facilities shall be navigable in all weather conditions. **B.** Drainage shall be controlled to eliminate stagnation or pooling; routine mowing and edging is required; locations shall be free from litter. **C.** Lockable building may serve in lieu of a gate. **D.** Exterior surfaces shall be protected from rust. **E.** Inspect vents and overflows to ensure proper screening is in place. **F.** Inspect overflow piping to ensure covers are properly seated. **G.** Visually inspect indicators and gauges for proper function. **H.** Verify that Work Order or Major Work Request is submitted if deficiencies are noted.



## III. FACILITIES (Environmental Branch); 6. PUBLIC WATER SYSTEMS

6.04H The following apply to maintenance of systems that produce and/or purchase drinking water:  
(EA-03.02) (FDM-04.09) (FDM-04.13 thru 04-14)

- |   |     |    |           |
|---|-----|----|-----------|
| A. Are backflow prevention assemblies tested upon installation and annually thereafter?   | YES | NO | <u>NA</u> |
| B. Is the Utility Management and Emergency Contact Information current and available?   | YES | NO | <u>NA</u> |
| C. Are the minimum disinfectant residuals consistently maintained at point of entry(s) to and throughout the distribution system? | YES | NO | <u>NA</u> |
| D. Is a current copy of the Water Quality Consumer Confidence Report available?   | YES | NO | <u>NA</u> |

COMMENTS: City of Hutchins Water System

METHODOLOGY: A. Assemblies are tested by Regional Maintenance with original signed and dated test report retained for a minimum of three years at the Unit Maintenance Office. B. See FDM-04.13. C. Minimum disinfectant residual throughout distribution system is 0.2 mg/l free (if chlorine used) and 0.5 mg/l total (if chloramine is used) with 1.0 mg/l preferred. The billing consumption meter is point of entry for systems that purchase water. D. The Water Quality Consumer Confidence Report is available from the provider (if system purchases water) or from Maintenance Headquarters (if system produces water) by July 1<sup>st</sup> of each year. Starting with the 2009 report purchase water systems shall retain reports for five years.

6.05 Is drinking water system operated by the minimum quantity and class of Texas Commission on Environmental Quality (TCEQ) licensed operator(s)?

YES NO NA

COMMENTS: City of Hutchins Water System Department has a TCEQ license on file in the Unit Maintenance Department.

METHODOLOGY: The staff operator(s) making decisions regarding the day-to-day operation and maintenance of the system shall hold a valid license. Minimum quantity and class required for Units purchasing potable water served as delivered without additional treatment (1-Class D). Minimum quantity and class required for systems producing and/or providing disinfectant treatment of potable water are Buffalo Ranch (1-Class D), Central, Darrington, Ferguson, Luther, Pack, Scott (1-Class C groundwater). Beto-Gurney-Powledge, Coffield-Michael, Chase Field & Garza East & West, Eastham, Jester I-III-IV-Vance, Ramsey-Stringfellow-Terrell (2-Class C Groundwater).



**ATTORNEYS EYES ONLY**UNIT: Hutchins DATE: 10/24/11 INSPECTOR: Sgt. Jason Shilwell  
Operational Review**III. FACILITIES (Environmental Branch)****7. WASTEWATER SYSTEMS**7.01 In regards to Domestic Wastewater Treatment Plants:  
(FDM-04.05, FDM-04.09)

- |  |     |    |           |
|--|-----|----|-----------|
| A. Is there is a source of auxiliary power to operate the plant in the event of a power failure?   | YES | NO | <u>NA</u> |
| B. Are all essential components of the plant connected to the auxiliary power supply?  | YES | NO | <u>NA</u> |
| C. Is there a full-face Self-Contained Breathing Apparatus (SCBA) or supplied air respirator available?  | YES | NO | <u>NA</u> |
| D. Does the gauge indicate that the tank is not empty?   | YES | NO | <u>NA</u> |
| E. Is there fresh ammonia solution readily available at the treatment plant for testing for chlorine leaks?                                      | YES | NO | <u>NA</u> |
| F. Is there a forced mechanical ventilation system installed in the chlorination room?   | YES | NO | <u>NA</u> |
| G. Is the fan activated by an external light switch?   | YES | NO | <u>NA</u> |
| H. Is the fan blowing into the chlorinator room at the top of the building?  | YES | NO | <u>NA</u> |
| I. Is the potable water supply protected from contamination through the use of an air gap or backflow prevention device?                         | YES | NO | <u>NA</u> |
| J. Are all wash down hoses using potable water equipped with atmospheric vacuum breakers located above the overflow level of the wash down area? | YES | NO | <u>NA</u> |
| K. Is a current copy of the permit available at the treatment plant?   | YES | NO | <u>NA</u> |

COMMENTS: City of Hutchins Sewer System

**METHODOLOGY: A. & B.** Auxiliary power facilities are required for all wastewater treatment plants, unless dual power supply arrangements are made or unless it can be demonstrated that the plant is located in an area where electric power reliability is such that power failure for a period to cause deterioration of effluent quality is unlikely. Check to see if the auxiliary power source will start up on demand. Ask the plant operator if the essential components of the plant are connected to the auxiliary power supply. Essential plant components include the bar screen (if mechanical), grit screen, rotors, aerators, clarifier and disinfection equipment. **C., D., E.** Visually check and verify that a SCBA or supplied air respirator is readily accessible. Visually confirm that there is a bottle of ammonia available outside the chlorine room. **F., G., H.** Visually check to verify that the ventilation system is installed and working properly. **I. & J.** Ask the operator to show you the backflow prevention device that is located on the main water supply line to the treatment plant. Also, check all hose-bibs that utilize potable water for backflow prevention. Each location should be equipped with an atmospheric vacuum breaker. **K.** Verify by asking the operator for a copy of the permit.



## III. Environmental Branch; 7. Wastewater Systems

**NOTE:** This item is applicable to most units. Units that operate their own domestic treatment plant will have a bar screen. Units that do not operate their own treatment plant may or may not have a bar screen.

- 7.02 Are bar screen materials dewatered (drained) and placed in garbage cans with plastic liners and lids?

(EA-04.01, FDM-04.05)

☒ YES NO ☐ NA

COMMENTS: Twice weekly the bar screen is cleaned and the bar screen cleaning log is utilized. The waste is placed in plastic bags and put in the trash compactor

**METHODOLOGY:** Bar Screen materials should be raked up onto a sloped concrete or other type pad where wastewater can drain back into the sewer line. Once drained, they are to be placed in garbage cans with lids. The garbage cans will have a disposable plastic liner installed that will be closed and tied prior to disposal in the trash compactor, roll-off container, etc. Visit the bar screen to see whether materials are dewatered and placed inside a garbage can containing a plastic liner.

**NOTE:** Applicable to units that utilize Portable Toilet Facilities.

- 7.03 Are Portable Toilet Facilities utilized according to the following guidelines:

(EA-04.02)

- A. Cleaned twice weekly when in use?

YES NO ☒ NA

- B. Contents disposed of into the wastewater collection system?

YES NO ☒ NA

COMMENTS: No portable toilet facilities

**METHODOLOGY:** A. & B. Check with user to determine the frequency of cleaning and disposal location.

- 7.04 In regards to the Confined Animal Feeding Operation (CAFO) lagoons:

(EA-06.01)

- A. Are the lagoons protected from (livestock) by fences or other protective devices?

YES NO ☒ NA

- B. Are the lagoons free of trees and shrubs that could compromise the integrity of the liner?

YES NO ☒ NA

- C. Is the terminal lagoon (last lagoon in the series) equipped with a permanent marker (measuring device) that indicates the amount of freeboard available?

YES NO ☒ NA

- D. Is there at least two feet of freeboard in the terminal lagoon?

YES NO ☒ NA

- E. Is a current copy of the CAFO permit available at the facility?

YES NO ☒ NA

COMMENTS: Facility does not have lagoons

**METHODOLOGY:** A. & B. Visually check the lagoons to ensure that livestock or other animals are prevented from walking near the lagoons. In most cases there will be a fence that prevents the livestock from nearing the lagoons. Check also for trees or shrubs growing either within or on the berms of the lagoon. There shall be no trees or shrubs growing in these locations. C. & D. Verify by checking the terminal lagoon for the marker and appropriate freeboard. E. Verify by asking the operator or manager for a copy of the CAFO permit.



III. Environmental Branch; 7. Wastewater Systems

7.05 Is license issued under the direction of Texas Commission on Environmental Quality (TCEQ) for the following individuals:  
(30 TAC 325.100) (FDM-02.02) (FDM-02.04)

A. Treatment Plant Operator - For TDCJ units that operate their own wastewater treatment plant.

YES NO NA

B. Collection System Operator - For TDCJ units that do not operate their own wastewater treatment plant.

YES NO NA

COMMENTS: Mr. Bobby Brock - Maintenance Tech Supervisor - Plumbing holds wastewater treatment operator license

*METHODOLOGY: A. & B. Each holder of a wastewater disposal permit for a wastewater treatment facility shall employ one or more treatment plant operators holding valid license issued under the direction of TCEQ. The following units must have an operator with a class "B" or higher certificate: Beto, Coffield, Estelle, & Ramsey. All other units that hold a wastewater disposal permit for a wastewater treatment facility must have an operator with a class "C" or higher certificate issued under the direction of the TCEQ. For those units that do not hold a wastewater disposal permit for a wastewater treatment facility, there must be a person who holds a valid class "D" certificate issued under the direction of the TCEQ. Ask to see the operator's license to verify compliance.*



**ATTORNEYS EYES ONLY**UNIT: HutchinsDATE: 10/28/11INSPECTOR: Sgt Jason Shilwell**III. FACILITIES (Environmental Branch) Operational Review****8. Occupational Health***Note: Questions 8.01, 8.02, and 8.03 also apply at Offender Transportation operations.***8.01H** With regard to the Hazard Communication (Worker Right-to-know) program:  
(EA-05.09)

- A. Does the Work Area Notebook cover contain Unit Name, Division, Department, Hazard Communication Volume 1 of \_\_\_\_\_ and spine contain Hazard Communication Volume 1 of \_\_\_\_\_ in a legible format utilizing the cover designed and approved by the Risk Management Committee?  
☒ YES ☐ NO ☐ NA
- B. Does the Work Area Notebook consist of the following completed sections: Section I Workplace Implementation Plan and EA-5.09, Section II Site Specific Training Program, Section III Chemical Inventory, and Section IV Material Safety Data Sheets (MSDS)?  
☒ YES ☐ NO ☐ NA
- C. Has a Work Place Implementation Plan been developed to include all applicable areas where chemicals are present, produced or used, and has the location of the common use area(s) for posting the current set of the *Notice to Employees*, been identified?  
☒ YES ☐ NO ☐ NA
- D. Has a Work Area Chemical Inventory List been prepared?  
☒ YES ☐ NO ☐ NA
- E. Has a Site-Specific curriculum been developed to include the protective measures available to address the physical and health hazards of chemicals identified on the Inventory List?  
☒ YES ☐ NO ☐ NA
- F. Is the MSDS included in the Work Area Notebook for at least one of every 10 randomly selected chemicals identified on the Work Area Chemical Inventory List?  
☒ YES ☐ NO ☐ NA
- G. Are secondary containers clearly labeled to include the MSDS identity and the National Fire Protection Association (NFPA) 704 M hazard warning diamond as it appears on the MSDS?  
YES ☒ NO ☐ NA

COMMENTS: Reviewed with URMC Royston the work area notebooks which are approved and contain the required documentation in them. Site-Specific and MSDS documentation are contained in the notebooks. Several secondary chemical containers -

METHODOLOGY: Methodology: **A. & B.** Each Work Area identified on the current Implementation Plan shall have a Notebook. **C.** Exemptions include armory, pesticides (under licensed technician), medical and veterinary (except janitorial supplies). A minimum of one set of Notices per Work Place is required. A set consists of one English and one Spanish each printed on white 8-1/2x11" paper printed portrait style in black ink. **D.** A "Work Area Chemical Inventory List" template is included in EA-05.09. Warehouse and distribution centers are only required to complete MSDS Identity, Storage Code, and Quantity portions of the list for each chemical identified. **E.** A "Hazard Communication Program Site Specific Training Curriculum" template is included in EA-05.09. **F.** MSDS are manufacturer specific. A substitute (non-manufacturer-specific) MSDS can be used if it is identical to the manufacturer-specific MSDS both in identity and formulation of the hazardous chemical. Acceptable substitutions include: motor fuels such as gasoline, diesel, propane, etc.; automotive fluids such as transmission fluid and brake fluid; asphalt such as that used in paving and roofing operations; or liquid household bleach (Clorox, Purex) containing "sodium hypochlorite" in the same concentration. **G.** Secondary container labels at minimum shall include the MSDS identity and the NFPA hazard warning diamond for the chemical contained.

Spray bottles on Housing Areas are not labeled

**8.02H** Regarding Hazard Communication Program Training Requirements, are training records available that document both general and site-specific training for work area personnel?

(EA-05.09)

☒ YES ☐ NO ☐ NA

COMMENTS: Hazard Communication Records of Training with appropriate information are in place

METHODOLOGY: Hazard Communication Record of Training with signatures and dates are filled out and on file at the work area.

KKJ

September 2010

Page 1 of 2

**APPENDIX 0912****McCOLLUM 07185**

8.01H (6) C5-8-1 spray bottle not labeled  
A5-8-1 spray bottle not labeled  
A1-4-3 spray bottles not labeled



## III. FACILITIES (Environmental Branch); 8. OCCUPATIONAL HEALTH

- 8.03H With regard to emergency eyewash and shower equipment; is flushing, cleaning, preparation of diluted buffers or installation of replacement cartridges (as applicable) completed and documented.  
(EA-05.06, OSHA 29CFR 1910.151, ANSI Z 358.1) ☒ YES NO NA

COMMENTS: Inspected eyewash stations throughout the facility; all monthly checks had been documented and they were activated two times weekly

METHODOLOGY: Plumbed eyewashes and showers are to be activated at least two minutes weekly. Self-contained eyewash units using concentrated buffer solutions are cleaned and new buffered saline is prepared according to manufacturer instruction. Saline is changed at least every 6 months or at frequency recommended by the manufacturer. Cartridges are not used past expiration date and the date the cartridge is placed into service (and the lot number if available) is documented. The preferred location for documenting the completion of this inspection is by initialing the Inspection Tag (RM-10), Eye Wash Station and Emergency Shower Weekly Inspection, available from Risk Management.

- 8.04 With regard to Confined Spaces and Hazardous Atmospheres, has an "Identification of Confined Space Survey" of the work place been completed?  
(EA-05.07) ☒ YES NO NA

COMMENTS: "Confined Spaces and Hazardous Atmospheres" documented by UPMC Roy Stone is on file

METHODOLOGY: EA-05.07 "Confined Spaces and Hazardous Atmospheres" is a planning tool for safe entry into confined spaces that includes verification that the required precautions have been taken and the necessary equipment is available prior to entry. Applicability of the program in a work place is based on identification of confined spaces, the actual or potential hazards, and the frequency of entry and the type of work to be performed. Completed surveys are retained by the Risk Manager and respective Division Entry Supervisor(s).

- 8.05 With regard to the Noise Control and Hearing Conservation Program:  
(EA-05.08)

- A. Are ear plugs or muffs provided in areas with posted notification of high noise exposure?  
☒ YES NO NA
- B. Is the posted notification validated by either the equipment manufacturer or an actual noise level survey of the area?  
☒ YES NO NA

COMMENTS: Signs and tags are posted in appropriate areas where exposure to high noise and there is a need to wear hearing protection. Noise Level Survey has been conducted and is on file in UPMC Roy Stone's office

METHODOLOGY: A. Signs and tags shall be used to warn of hazards associated with exposure to high noise and the need to wear hearing protection. B. Notifications must be validated by either equipment manufacturer recommendations or an actual noise level survey. Notification posted without validation should be removed.



**ATTORNEYS EYES ONLY**UNIT: HutchinsDATE: 10/28/11INSPECTOR: Sgt. Jason Shilwell  
Operational Review**III. FACILITIES (Environmental Branch)****9. MANAGEMENT OF REFRIGERANT****9.01H** Is refrigerant stored in a secure area preventing access by unauthorized personnel?

(40 CFR Part 82 Subpart F) (EA-05.06)

☒ YES NO NACOMMENT: All refrigerant is under lock and key and refrigerant is only placed or removed when appropriate.METHODOLOGY: Assure that refrigerant is under lock and key. Note: offenders are allowed to remove refrigerants from under lock and key but not to put into or take from a closed refrigeration systems unless certified.**9.02H** Are all non-disposable recovery cylinders hydrostatically tested every five years?

(40 CFR Part 82 Subpart F)

☒ YES NO NACOMMENT: All recovery cylinders have the Manufacture date of December 2010 stamped on the collar of the cylinder.METHODOLOGY: The retest date will be stamped on the neck of the Cylinder.**9.03H** Do all staff and offender technicians who perform work on HVAC sealed systems possess the require Environmental Protection Agency (EPA) certification?

(40 CFR Part 82 Subpart F)

☒ YES NO NACOMMENT: Mr. Julius Baker HVAC tech possesses the required EPA certificationsMETHODOLOGY: Ask to see certifications of those who handle refrigerant.**9.04** For each disposable refrigerant cylinder issued to working stock:

(40 CFR Part 82 Subpart F)

A. Is it numbered as prescribed and the number marked on the cylinder?

☒ YES NO N/A

B. Is there a separate Refrigerant Usage Log for each cylinder?

☒ YES NO N/A

C. Are copies of work orders on which the refrigerant was used attached to the logs?

☒ YES NO N/A

Note: WSD does not use Work Orders.

D. Are Refrigerant Usage Logs being retained for five years?

☒ YES NO N/ACOMMENT: All cylinders are numbered appropriately, the Refrigerant Usage Logs are being utilized with copies of work orders attached. The logs are retained for five years.METHODOLOGY: A.-D. Each disposable cylinder is required to be numbered with the Year, # of Cylinder for the particular Refrigerant and the Type of Refrigerant i.e. 10-03-R22. There must be a Refrigerant Usage Log for each cylinder.



## III. Facilities (Environmental Branch); 9. Management of Refrigerant

9.05 For all recovered refrigerant (non-contaminated and contaminated):  
(40 CFR Part 82 Subpart F)

- |   |                                      |    |     |
|---|--------------------------------------|----|-----|
| A. Are separate Disposition Reports maintained?   | <input checked="" type="radio"/> YES | NO | N/A |
| B. Does each Report contain the required information?   | <input checked="" type="radio"/> YES | NO | N/A |
| C. Do the Reports bear all appropriate signatures?  | <input checked="" type="radio"/> YES | NO | N/A |
| D. Are recovery cylinders with contents labeled to state<br>unit name, type of refrigerant, amount of refrigerant,<br>and condition of refrigerant (contaminated/non-contaminated)? | <input checked="" type="radio"/> YES | NO | N/A |

COMMENTS: RS-250 and RS-251 Disposition Reports are being utilized  
and have the required information and appropriate signatures

METHODOLOGY: A.-D. Assure that a separate log is filled out for each recovery cylinder and that the recovery cylinders are properly labeled.



ATTORNEYS EYES ONLY

Attachment A

## OPERATIONAL REVIEW SERGEANT'S REPORT

Unit: Hutchins State Jail Review Conducted: October 21, 24, 2011  
(Month/Day/Year)

Functional Area Reviewed: Maintenance

Manual Chapter and Section Reference: Chapter III sections 10-18

Total 'Applicable' Checklist Questions: 32 ( 22 High + 10 Other)

• **INTRODUCTION:**

For this audit I interviewed and reviewed documentation with Mr. Jerry Pugh-Program Specialists II-Maintenance Department Supervisor, and Rosalyn Bain-Administrative Assistant IV-Maintenance Department. I began by reviewing Work Order Management by comparing the craftsman's copies to the automated maintenance system copy to ensure all documentation matched appropriately. For the next section of the audit I reviewed documentation regarding the emergency generators to ensure all required service/inspections were conducted and documented. I reviewed Preventive Maintenance documentation and to ensure all were completed correctly and in the specified timeframe's. Tool Management was the next section of the audit; I began by inspecting the shadow boards and tool rooms with the appropriate logs to ensure compliance. The non-sensitive and sensitive tools were inspected to ensure they were properly engraved and accounted for on the master inventory list and checked twice daily. I inspected Refrigerant Management with Mr. Julius Baker HVAC tech supervisor and ensured proper security and accountability methods were being adhered to. I reviewed all Procurement Card Management and ensured all procedures were within policy. I inspected the procedures for the AD 10.20 program by reviewing and interviewing CO V Amaris Wormly. Documentation on Major and Minor construction projects were reviewed with Mr. Jerry Pugh Maintenance Dept. Supervisor and were compliant.

• **FINDING(S)**



**Finding 1 11.02H(B)***The coolant test/change for emergency generator #4 had not been documented for the annual check.*

<b>ACTION STEPS</b> (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		<b>PERSON/DEPT. HEAD RESPONSIBLE</b>	<b>TARGET DATE</b>	<b>DATE COMPLETED</b>
1.	Mr. James Elliot Electrician Tech Supervisor will ensure annual PM's on emergency generators are conducted and documented in a timely manner.	Jerry Pugh Maintenance Dept. Supervisor	November 24, 2011	
2.	This will be monitored by Jerry Pugh to ensure completed.	Jerry Pugh Maintenance Dept. Supervisor	November 24, 2011	
3.				

**Finding 2 11.05***According to the Work Order Log there were items that didn't have a Corrective Maintenance work order issued appropriately i.e.: ice machine in H-bldg, condensing unit-rack system in Kitchen.*

<b>ACTION STEPS</b> (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		<b>PERSON/DEPT. HEAD RESPONSIBLE</b>	<b>TARGET DATE</b>	<b>DATE COMPLETED</b>
1.	A Corrective Maintenance work order will be issued to appropriate equipment items when needed.	Jerry Pugh Maintenance Dept. Supervisor	November 24, 2011	
2.	This will be monitored by Jerry Pugh to ensure completed.	Jerry Pugh Maintenance Dept. Supervisor	November 24, 2011	
3.				

**Finding 3**

<b>ACTION STEPS</b> (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		<b>PERSON/DEPT. HEAD RESPONSIBLE</b>	<b>TARGET DATE</b>	<b>DATE COMPLETED</b>
1.				
2.				
3.				



**ATTORNEYS EYES ONLY**

SM-01.23

Attachment A

# **OPERATIONAL REVIEW SERGEANT'S REPORT** (cont.)

- SUMMARY:**

The Maintenance Department is doing a good job with their respective job duties and responsibilities. Mr. Jerry Pugh and Ms. Rosalyn Bain were very knowledgeable and helpful during this audit. The Hutchins Unit Maintenance personnel are very organized and skilled at the tasks that they perform daily.

- OPERATIONAL REVIEW SERGEANT:**

Sgt. Jason Stilwell  
(Print Name)



10/26/11

(Signature/Date)

**Justification for Late Submission by Operational Review Sergeant:** \_\_\_\_\_

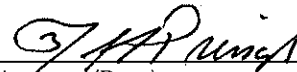
\_\_\_\_\_

\_\_\_\_\_

- WARDEN:**

**JEFF PRINGLE, WARDEN**

(Print Name)

 10.26.11

(Signature/Date)

Attachment: Completed checklist(s)  
Copy: File  
Unit-level Department Head






III. FACILITIES (Maintenance)

Unit Hutchins

10. WORK ORDER MANAGEMENT

Name Sgt. Jason Stilwell - Operational Review Date 10/21, 24/11

**NOTE:** Where instructed to review computer-generated documents (i.e., ADPICS, computerized management system, IMS, etc.), request assistance from the Unit Maintenance Supervisor or Office Administrator. Several questions note that a random sample of documents is to be selected based on the unit's maximum capacity: Small (323-899), Medium (900-2,399), or Large (2,400+). If unsure about the unit's capacity, refer to the 'Unit Profiles' published by Executive Services.

- *Small Units - 30 completed CM work orders; 20 completed PM work orders*
- *Medium Units - 45 completed CM work orders; 30 completed PM work orders*
- *Large Units - 60 completed CM work orders; 40 PM work orders*

10.01 Compare the craftsman's copy (working copy) to the automated maintenance system copy (completed work order) to ensure the following information is correctly documented on both copies:  
(FDM-01.09)

- A. Date Completed? ☒ YES NO N/A
- B. Short, detailed description of the work performed? ☒ YES NO N/A
- C. All parts and materials issued from parts inventory or other sources (i.e., Bench stock, provided by Unit Supply, provided by Education, etc.)? ☒ YES NO N/A
- D. All additional labor or part charges from Region Maintenance or an outside Workforce, to include the work order or reference number? ☒ YES NO N/A
- E. When parts/materials purchased for specific work orders, is procurement means noted (i.e. ADPICS numbers, IMS numbers or Procurement Card information)? ☒ YES NO N/A

COMMENTS: Reviewed CM + PM work orders for previous three month period. Compared Craftsman's copy to the automated maintenance system and all required information was contained on both sources. Reviewed RS 21's when appropriate and all required information was included.

METHODOLOGY: Randomly select completed corrective maintenance (CM) and preventive maintenance (PM) work orders as noted below for the previous three month period. Do not select any open work order or any work order closed for a reason other than being performed. Compare the craftsman's copy to the automated maintenance system copy, determine if all required information is contained on both copies of the same work order and determine if information on both copies of the same work order agree. Additionally, review the completed work orders (and RS-21's when appropriate) to verify all required information listed above is included.

**NOTE:** Questions A. -- C. above are in two parts. If either the craftsman's copy or the automated maintenance system copy is missing information, the response is NO. If information on the craftsman's copy and the automated maintenance system copy do not agree, the response is NO. Questions D. and E. pertain only to the automated maintenance system copy (completed work orders).



III. FACILITIES (Maintenance)

Unit: Hutchins

11. PREVENTIVE MAINTENANCE (PM) MANAGEMENT

Name: Sgt. Jason Stilwell

Date: 10/21, 24/11

11.01H Are all emergency generator PMs completed as required?  
(FDM-05.06) [ACA 4-4218; ACA 4-4219]

A. Weekly?

☒ YES NO N/A

B. Monthly?

☒ YES NO N/A

COMMENTS: Reviewed through the automated maintenance system records and PM records for a three month period. All PM tasks were performed within established timeframe's for monthly and weekly PM's.

METHODOLOGY: Through the automated maintenance system records, determine quantity of stationary emergency generators. A. Review the PM records for a three month period prior to the review, for all of the stationary emergency generators. Verify that the PM tasks were performed within six calendar days of the scheduled start date. B. Review the PM records for a three month period prior to the review, for all stationary emergency generators. Verify that the PM tasks were performed within the same month of the schedule start date.

11.02H During the last completed annual emergency generator PM, was the:  
(FDM-05.06) [ACA 4-4219]

A. Oil and oil filter changed and materials charged to the work order?

☒ YES NO N/A

B. Coolant tested/changed and parts/materials charged to the work order?

YES ☒ NO N/A

Note: Coolant tested in the first and second years and changed in the third year.

C. Fuel filters changed and materials charged to the work order?

☒ YES NO N/A

COMMENTS: Through the automated maintenance system records verified that all above tasks had been completed except the coolant test/change on generator #4, during the last 12 months. Reviewed craftsman's copy for the same work orders.

METHODOLOGY: A. - C. Through automated maintenance system records, identify the work orders documenting that each of the above tasks has been completed for all stationary emergency generators during the last 12 calendar months. Additionally, review the craftsman's copy of these same work orders to verify that each of these tasks has been correctly documented.

NOTE: Questions 11.03H, 11.04H, and 11.05 do not apply to Emergency Generators, Pressure Reducing Valves, or Gas Lines.

11.03H Were all mandatory PMs completed?  
(FDM-05.06 Rev.03) [ACA 4-4218]

☒ YES NO N/A

COMMENTS: Reviewed the past twelve months to verify that all Mandatory PM's were completed as required by FDM-05.06 in CMMS and ran the Work Order Log.

Methodology: Check the past twelve months prior to the month of the review to verify all mandatory PMs were completed as required by FDM-05.06 (Rev.03) in CMMS run the Work Order Log report for PMs Closed Due to Lack of Man-Hours. (Question does not apply when equipment is down during PM period, example: ICE machine down for six months waiting on control board or equipment down for non seasonal use).

(# 2014-P-4-010-EMG-01)

11.02H(B) Generator #4. No documentation on work order for the coolant test/change



## III. FACILITIES (Maintenance)

## 11. PREVENTIVE MAINTENANCE (PM) MANAGEMENT

- 11.04H Were all non-critical PMs completed (missing no more than two consecutive PMs)? ☒ YES ☐ NO ☐ N/A  
(FDM-05.06 Rev.03) [ACA 4-4218]

COMMENTS: Reviewed the past twelve months to verify all non-critical PM's were completed as required. In CMMS obtained the Work Order Log report for PM's closed due to lack of Man Hours, there were none missing more than two consecutive PM's.

Methodology: Check the past twelve months prior to the month of the review to verify all Non-Critical PMs were completed as required by FDM-05.06 (Rev.03). In CMMS run the Work Order Log report for PMs Closed Due to Lack of Man-Hours. (Question does not apply when equipment is down during PM periods, example: CLW (clothes washer) down for over a year waiting on a bearing or equipment down for non seasonal use).

- 11.05 If mandatory/non-critical equipment PMs were closed due to equipment down, was a CM created and referenced in the work order field? YES ☒ NO ☐ N/A  
(FDM-05.06 Rev.03)

COMMENTS: Reviewed the past twelve months prior for any equipment items that have been down long enough to miss a required PM. According to the work order log there were items that didn't have a CM issued appropriately on the piece of equipment.

Methodology: Check the past twelve months prior to the month of the review for any equipment that is down long enough to miss a required scheduled PM. If the equipment has been down long enough to miss a required scheduled PM then look for a CM on that piece of equipment and check to see if the work order field has been filled in with referenced work order number.

- 11.06 Is preventive maintenance scheduled for mandatory and non-critical equipment and systems reviewed? ☒ YES ☐ NO ☐ N/A  
(FDM-05.06) [ACA 4-4218; ACA 4-4219]

COMMENTS: Obtained from automated maintenance system the PM schedule and verified that all mandatory and non-critical equipment items are scheduled.

METHODOLOGY: Obtain copy of the automated maintenance system Report "Check - Equipment with No PM Schedule," and verify PM linked and active on mandatory and non-critical equipment and systems to include replacement, new, or additional equipment. Note equipment with no PM Schedule and/or not linked or not active as required.

- 11.07 Has quarterly preventive maintenance been performed and documented on a PM work order for the following:  
(FDM-05.06) [ACA 4-4218]

- A. Pressure Reducing Valve, Gas/Air Sub-Station - 1544-PRV03Q? ☒ YES ☐ NO ☐ N/A  
B. Underground Gas Lines - 1545-GSL01Q? ☒ YES ☐ NO ☐ N/A  
C. Above Ground Gas Lines - 1546-GSL02Q? ☒ YES ☐ NO ☐ N/A

COMMENTS: Reviewed Four Quarters prior and verified that PM's have been conducted in the appropriate time frame's and documented with the craftsman's and

11.05 - ice machine in (H-Bldg)  
condensing unit - rack system  
(kitchen)

September 2011

Page 2 of 3



III. FACILITIES (Maintenance)

11. PREVENTIVE MAINTENANCE (PM) MANAGEMENT

Maintenance Supervisor's Signature. All quarterly PM's were Completed within three months of the Scheduled start date.

*METHODOLOGY: Review four quarters prior to the review, for 10 % of the PMs or not less than 1 of the PRVs and all of the gas lines to ensure all required PM tasks have been conducted, properly documented, and that the Craftsman and Unit Maintenance Supervisor signed and dated the documents. These quarterly PMs must be completed within three months of the scheduled start date.*



ATTORNEYS EYES ONLY

## III. FACILITIES (Maintenance)

Unit Hutchins

## 12. TOOL MANAGEMENT

Name Sgt. Jason Stilwell - Operational ReviewDate 10/21/24/11

- 12.01H Are unit maintenance department shadow boards in place and properly configured? YES NO N/A  
(AD-03.19) [ACA 4-4196M]

COMMENTS: Verified that common and sensitive tool room shadow boards are in place and offer quick and accurate tool accountability. Verified that each tool is shadowed

METHODOLOGY: Verify that common and sensitive tool room shadow boards are in place, where space permits, to offer quick and accurate tool accountability. Verify that each tool on the shadow board is "shadowed" and that in instances of multiple tools hanging on one peg, only like tools are hung together and the total number of these tools noted.

NOTE: It is not a requirement for the tool number to be on the shadow board; however, if a number is displayed, verify that it matches the number engraved on the tool.

- 12.02H Are all unit maintenance department tool rooms secured and locked at all times unless an YES NO N/A  
offender assigned to the tool room or an authorized employee is present?  
(AD-03.19) [ACA 4-4196M]

COMMENTS: Interviewed 1 staff member and 1 offender and observed that the tool rooms are secured unless an authorized employee is present.

METHODOLOGY: Check to see if secured or ask employee and offender (if required) if the rooms are secured at all times.

- 12.03H Are unit maintenance department Sensitive and Non-sensitive/Common Tool Checkout Logs YES NO N/A  
properly completed?  
(AD-03.19) [ACA 4-4196M]

COMMENTS: Reviewed Common and Sensitive tool checkout logs for the previous 30 days including the day of the review. Verified that there are separate logs for Common and Sensitive tools. Entries are completed with the appropriate information.

METHODOLOGY: Review Common and Sensitive Tool Check Out Logs for the past 30-days including the logs for the day of the review. Verify that separate logs are used for the issue and return of Common and Sensitive Tools. Verify entries on both logs are complete (i.e., date; requester's printed name; tool description; unique number of tool; time and date of issue with signed initials; and time and date of return with signed initials).

NOTE: The purpose of Question 12.04H, 12.05H, and 12.06H is to ensure agreement between actual "on-hand tools" and the unit's master tool inventory list. The number of tools checked is based on the size of the unit's total tool inventory, as noted below:

Small inventory (less than 1,000 tools) - Check 30 total tools (on a 10/10/10 basis); or  
Medium inventory (1,000 - 1,999 tools) - Check 60 total tools (on a 20/20/20 basis); or  
Large inventory (2,000+ tools) - Check 90 total tools (on a 30/30/30 basis)

- First - Using the 'master tool inventory list', randomly select 10 tools from the master tool inventory list [or 20 or 30, as appropriate] and compare with the 'on-hand tools'; then
- Second - Randomly select 10 different tools from the 'on-hand inventory' [or 20 or 30, as appropriate] and compare with the 'master tool inventory list'; then
- Third - Randomly select 10 different tools from the 'on-hand inventory' of one or more tool boxes [or 20 or 30, as appropriate] and compare with the 'master tool inventory list.'



III. FACILITIES (Maintenance)

12. TOOL MANAGEMENT

- 12.04H Is the unit maintenance department master tool inventory list accurate? ☒ YES NO N/A  
(AD-03.19) (FDM-05.19) [ACA 4-4196M]

COMMENTS: Verified with Mr. Julius Baker Maintenance Tech. Supervisor - HVAC through comparison of checked out tools on the master tool inventory list. Inspected all areas where tools are kept and the check out logs.

METHODOLOGY: Verify accuracy through comparison of checked tools with tools on the master tool inventory list. Print the master tool inventory list by tool number for this review.

- 12.05H Are all unit maintenance department tools properly engraved? ☒ YES NO N/A  
(AD-03.19) (FDM-05.19) [ACA 4-4196M]

COMMENTS: Visually inspected tools and verified that tools are engraved with the appropriate numbers

METHODOLOGY: Verify tools are engraved with Unit/Division Identification Number (51), Department Number (1) and Tool Number (1). [Example: Unique Tool Number 51-1-1].

- 12.06H Are unit maintenance department sensitive tools stored separately from non-sensitive/common tools in a locked, secured location where offenders do not have access or where there is constant staff supervision? ☒ YES NO N/A  
(AD-03.19) (FDM-05.19) [ACA 4-4196M]

COMMENTS: Visually inspected areas where sensitive and non-sensitive tools are stored separately. The sensitive tools are in a cage and locked, both areas have constant staff supervision and are inaccessible to offenders.

METHODOLOGY: Verify sensitive and non-sensitive/common tools are properly stored.

- 12.07II Are unit maintenance department tools (in tool rooms and craftsman's carts and tool boxes):  
(AD-03.19) (FDM-05.29) [ACA 4-4196M]

- A. Tool rooms visually inventoried and documented twice daily? ☒ YES NO N/A  
B. Tools that have been issued inventoried and documented by the employee at the ☒ YES NO N/A  
beginning and end of each workday?

COMMENTS: Reviewed with Mr. Baker - HVAC Tech the master tool inventory and inspected the craftsman's carts and tool boxes for the last 30 days. Inspected tool rooms and all were compliant.

METHODOLOGY: Review records documenting twice daily visual tool inventories for tool rooms, craftsman's carts and tool boxes during the past 30 days, including the last work day prior to the review date.

Note: If the inventory log for a specific tool does not have a completed X for that day, verify the tool has been returned.



III. FACILITIES (Maintenance)

12. TOOL MANAGEMENT

12.08H Are unit maintenance department damaged, broken or unserviceable tools:  
(AD-03.19) (FDM-05.19) [ACA 4-4196M]

- A. Secured in a locked storage container? ☒ YES NO N/A
- B. Secured in a locked storage container properly identified on the Tool Destruction Log? ☒ YES NO N/A
- C. Destroyed within one month after the "Date Placed Destruction Box/Taken Out of Service on the Tool Destruction Log?" ☒ YES NO N/A
- D. Approved for destruction by the warden or designee prior to destruction? ☒ YES NO N/A

COMMENTS: Verified that damaged, broken, or unserviceable tools are locked in a destruction box and logged into the Tool Destruction Log. All documentation is signed by the Warden's Designee Maintenance Supervisor Jerry Pugh.

METHODOLOGY: A. Verify the storage container is locked. B. Verify all tools in the locked storage container are recorded on the Tool Destruction Log and that all required entries on the Tool Destruction Log are completed. C. Confirm that the tool destruction was within completed one month after the "Date Placed Destruction Box/Taken Out of Service." D. Confirm tool destruction approval was granted in writing by the warden or designee prior to the destruction date.

12.09H Do unit maintenance department employees maintain a supplemental list of tools checked out from the sensitive or non-sensitive/common tool rooms until those tools are returned (e.g., specialty tools for a specific job)? ☒ YES NO N/A  
(AD-03.19) [ACA 4-4196M]

COMMENTS: Requested from Mr. Raymond Delaney - Maintenance Tech Supervisor - General Maintenance his supplemental list and he verified the procedure regarding the paperwork.

METHODOLOGY: Request from unit maintenance employee to see a supplemental list for tools checked out other than those on there regular tool list (e.g., specialty tools for a specific job).

12.10H Does unit maintenance have prior approval for tools issued out overnight? ☒ YES NO N/A  
(AD-03.19) [ACA 4-4196M]

COMMENTS: Interviewed Ms. Rosalyn Bain regarding this procedure and the approval of the Warden or Designee is needed for tools to be issued overnight.

METHODOLOGY: Review approved requests from unit maintenance to the warden or designee for tools issued out overnight.



## III. FACILITIES (Maintenance)

Unit Hutchins

## 13. MAINTENANCE MANAGEMENT

Name Sgt. Jason Stilwell - Operational Review Date 10/21/24/11Note: This section applies to the Division-Level Operational Review Only13.01 Are automated maintenance system Equipment Item Files:  
(FDM-01.02; FDM-05.06)

- A. Established for each replacement, new or additional item of equipment and system requiring preventive maintenance within 21 calendar days following installation? YES NO N/A
- B. Inclusive of all costs in order to reflect a complete equipment history? YES NO N/A

COMMENTS: Division Level Operational Reviews Only

*METHODOLOGY: A. - B. Review the prior year of MWRs for replacement, new or additional equipment/systems as well as direct replacement(s) which require(s) preventive maintenance. Also review automated maintenance system reports: "Work Orders Coded to UNT and HVS", "Part Costs and Additional Charges Greater Than/Equal to \$500"; "Parts Issued Without a Work Order".*

13.02 Does the unit maintenance department have the following required TDCJ policies and are they current?  
(Facilities Division Management Requirement)

- A. Facilities Division "Maintenance Standard Operating Policies Manual & Updates" - available from Facilities Maintenance Department Headquarters YES NO N/A
- B. "ED-10.06 (Construction, Maintenance, Renovations or Alterations of TDCJ Facilities)" - available on TDCJ Mainframe Infopac YES NO N/A
- C. "AD-03.19 (Control of Tools/Sensitive Items)" - available on TDCJ Mainframe Infopac YES NO N/A
- D. AD-10.20 (Identifying & Reporting Facility Maintenance Requirements) - available on TDCJ Mainframe Infopac YES NO N/A
- E. "TDCJ Procurement Card Manual" - available on TDCJ Mainframe Infopac YES NO N/A
- F. Facilities Division "Preventive Maintenance Program Manual & Updates" - available from Facilities Maintenance Department Headquarters YES NO N/A
- G. Facilities Division "Guide Line For Managing Projects Constructed By The Maintenance Department" YES NO N/A

COMMENTS: Division Level Operational Reviews Only

*METHODOLOGY: Review each publication to determine if it is current. A. Prior to the review, go to TDCJ Intranet, select Facilities Division web site, click on Policies, select Maintenance SOPs, Click on FDM Table of Contents & print copy. If TDCJ Intranet is not available, contact Facilities Maintenance (936/437-7342) and*



## III. FACILITIES (Maintenance)

## 13. MAINTENANCE MANAGEMENT

request a copy of this index. Compare index, including revision dates, with each on-hand FDM to verify it is current. B. - E. Prior to the review, go to TDCJ Mainframe Infopac and print 1st page of each policy/manual. Compare revision dates on these pages with each on-hand policy/manual to verify it is current. F. Prior to the review, contact Facilities Maintenance (936-437-7342) and request a copy of the PM Manual Table of Contents by Subject. Compare this with the on-hand Table of Contents by Subject to verify it is current. Per FDM-05.06, the PM Manual is not complete unless a copy of the unit developed and Region reviewed annual PM Schedule is filed in the manual. Written verification of Region review is required. G. Initial distribution by Facilities Maintenance at the time of the Division Level Operational Review & a maintenance department responsibility thereafter.

13.03 Does the department have a Generator Refueling Plan that includes:  
(FDM-05.24 Rev. 01)

A. Amount of fuel consumed under $\frac{3}{4}$ load per hour?	YES	NO	N/A
B. Fuel tank capacity?	YES	NO	N/A
C. Resources available for refueling?	YES	NO	N/A

COMMENTS: Division-Level Operational Reviews Only

METHODOLOGY: Verify plan complies with TDCJ policy to include A. Amount of fuel consumed under  $\frac{3}{4}$  load conforms to standards in **FDM-05.24**, (Attachment A). B. Fuel tank capacity is properly computed ( $H' \times W' \times L' = \text{cu. ft.} \times 7.48 = \text{Gallon Capacity}$ ). C. Description of resources available to transfer fuel from a refueling source to individual generators (i.e., tractor, fuel trailer, bulk tank, etc.) and estimate as to the time required to obtain replacement fuel.



## III. FACILITIES (Maintenance)

Unit Hutchins

## 14. REFRIGERANT MANAGEMENT

Name Sgt. Jason Stilwell - Operational Review Date 10/21, 24/11**NOTE: This section applies to Refrigerant Management in the Unit Maintenance Department Only****14.01H** Refrigerant security and availability:  
(FDM-05.09) [ACA 4-4215M]

- A. Is accountability established for all disposable and non-disposable cylinders purchased within twelve months of the operational review date? ☒ YES NO N/A
- B. Is refrigerant stored in a secure area preventing access by unauthorized personnel? ☒ YES NO N/A

COMMENTS: Observed and inspected with Mr. Baker - HVAC Supervisor the amount and location of refrigerant and recovery cylinders in stock. All refrigerant is stored in a secured area.

METHODOLOGY: A. In Automated Maintenance System review report from Report/Reports/Inventory-Part Warehouse Inventory/Part List by Location> Field: drop down box choose, (Inventory CODE)> Comparison: drop down box choose, (equal to) > Compared To: enter ("\*740-55\*"). The report will give you the amount and location of refrigerant and recovery cylinders in stock. B. Inspect all refrigerant storage areas. Check to ensure all disposable and recovery cylinders are secured. Unauthorized personnel are defined as offenders and other than unit maintenance staff. A secure area is defined as behind lock and key.

**14.02H** Are all non-disposable recovery cylinders hydrostatically tested every five years? ☒ YES NO N/A  
(FDM-05.09) [ACA 4-4215M]

COMMENTS: Inspected all recovery cylinders and the manufacture date stamped on the collar of the cylinder is December 2010

METHODOLOGY: Inspect all recovery cylinders and verify the most recent hydrostatic testing date is within the last five years. The date should be stamped on the collar of the cylinder (not the cylinder itself).

NOTE: Disposable one time use recovery cylinders do not require testing.

**14.03H** Does each disposable refrigerant cylinder issued to working stock have:  
(FDM-05.09) [ACA 4-4215M]

- A. A unique number issued in a numeric sequence and ending with the type of Refrigerant (i.e., 98-1-R22, 98-2-R22, etc.) that is marked on the cylinder with a permanent type marker? ☒ YES NO N/A
- B. A separate properly completed Refrigerant Usage Log (RS-249)? ☒ YES NO N/A
- C. Copies of work orders attached to Refrigerant Usage Logs documenting the use of refrigerant? ☒ YES NO N/A
- D. Refrigerant Usage Logs (RS-249) signed by the HVAC Technician for empty bottles of refrigerant? ☒ YES NO N/A
- E. Initials of person (HVAC Technicians) using refrigerant on each Refrigerant Usage Log (RS-249) entry? ☒ YES NO N/A



## III. FACILITIES (Maintenance)

## 14. REFRIGERANT MANAGEMENT

COMMENTS: Inspected disposable refrigerant cylinders and reviewed the Refrigerant Usage Logs for the past 6 months. All cylinders are marked with permanent marker with the appropriate numbers. Mr. Baker has signed for usage and work orders are attached and usage documented.

METHODOLOGY: Inspect disposable refrigerant cylinders and review Refrigerant Usage Logs that were completed within the past six months. A. Verify that cylinders are marked in permanent marker with the "fiscal year - sequence number - type of refrigerant" (Example: 10-1-R22). The cylinder itself must be numbered not the shipping container. B. Verify that, a RS-249 is maintained on each disposable cylinder (with the prescribed number noted on the log) issued to working stock. C. Check entries on RS-249's to verify work order numbers and refrigerant usage match. D. Check to verify the Craftsman has signed the RS-249 once a zero balance is reached. E. Did the person (HVAC Technicians) using refrigerant initial the RS-249 next to the usage entry?

NOTE: If the weight of the cylinder plus contents was noted in the initial log entry, the zero balance on the last log entry must be the weight of the cylinder less contents. If the cylinder contents only were noted in the initial log entry, the balance on the last log entry must be "Ø."

- 14.04H Do all staff and offender technicians who perform work on HVAC sealed systems have the YES NO N/A required Environmental Protection Agency (EPA) certification? (FDM-05.09) [ACA 4-4215M]

COMMENTS: Mr. Julius Baker possesses the appropriate certifications - photo copies attached

METHODOLOGY: Employee technicians are required to have their certification card (or a copy) in their possession at all times while offender technician certification cards must be on file in the maintenance department. At a minimum, technicians (staff and offenders) must have both Type I and II EPA approved recovery certifications (one or the other is not sufficient to meet the requirement of FDM-05.09). At Units where low-pressure systems are utilized, technicians must have a Universal certification. (i.e., Jester IV, Montford, Estelle, Young, Wynne, Telford, and Marlin VA).

- 14.05H Are disposition reports properly prepared for each refrigerant recovery to include: (FMD-05.09) [ACA 4-4215M]

- A. RS-250 Refrigerant Disposition Report (Attachment B, FDM-05.09) for non- YES NO N/A contaminated refrigerant?
- B. RS-251 Refrigerant Disposition Report (Attachment C, FDM-05.09) for YES NO N/A contaminated refrigerant?
- C. Recovered Refrigerant (Attachment D, FDM-05.9 for contaminated or non- YES NO N/A contaminated refrigerant?
- D. HVAC technician and maintenance supervisor signatures/dates when the contents of YES NO N/A recovery cylinders are exhausted?
- E. HVAC technician and maintenance supervisor signatures/dates when the recovery YES NO N/A cylinder is shipped to the vendor?

COMMENTS: Verified the RS-250 Disposition Report is completed when appropriate and all required entries are completed. Reviewed the RS-251's and ensured they



**III. FACILITIES (Maintenance)****14. REFRIGERANT MANAGEMENT**

are completed when appropriate. Reviewed the unit files concerning bottles and none have been shipped within the past year.

*METHODOLOGY: A. Verify the RS-250 Refrigerant Disposition Report (Attachment B, FDM-05.09) is completed when non-contaminated refrigerant is recovered from a sealed system and not re-used in the same sealed system within 72 hours; ensure all required entries are completed on the form. B. Verify that the RS-251 Refrigerant Disposition Form (Attachment C, FDM-05.09) is completed when contaminated refrigerant is recovered from a sealed system and ensure all required entries are completed on the form. C. Verify that if the Recovered Refrigerant is not used in the same sealed system within 72 hours, that a disposition report (Attachment D, Stock #615-51-05179-2) is completed and attached to the cylinder. D-E. Look in units file for bottles within the past year that have been return to vendor for recovery. All One-Shot or one time use recovery cylinders are subject to the use of forms RS-250 and RS-251s and Attachment D per policy FDM-05.09*

**Note:** The One-Shot/One time use recovery cylinders are required to use forms RS-250 and RS-251s.

**Note: (D & E)** If the Maintenance Supervisor is out for an extended period they will designate someone other than the HVAC Technician for signature purposes on RS-250 and RS-251 Forms.

---



## III. FACILITIES (Maintenance)

Unit Hutchins

## 15. PROCUREMENT CARD MANAGEMENT

Name Sgt. Jason ShluwellDate 10/21/24/11

NOTE: This section applies to state-operated facilities only.

NOTE: In order to address all the questions in this Section, you must review reconciled procurement card statements and supporting documentation for the prior two months that are completely reconciled.

- 15.01H Are all unit maintenance department tool procurement card purchases or acquisitions approved by the warden or designee prior to purchase or acquisition? ☒ YES NO N/A  
(AD-03.19) (TDCJ Procurement Card Manual)

COMMENTS: Reviewed FDM-01.01, Warden's approval was in place. Reviewed supporting documentation for the prior two months and they were completely reconciled.

METHODOLOGY: Review Material Request Form FDM-01.01, Attachment A, (Rev. 02) "Warden/Dept. Head Approval" section from reconciled procurement card statements and supporting documentation for the prior two months that are completely reconciled.

- 15.02 Were parts/tools/equipment/materials purchased brought into inventory? ☒ YES NO N/A  
(Automated Maintenance System User Manual) [ACA 4-4037]

COMMENTS: Verified that parts/tools were correctly brought into inventory by reviewing "Parts Order and Receive" and verified that a stock number was issued.

METHODOLOGY: Verify that parts/tools/equipment/materials were brought into inventory by reviewing a "Parts Order and Receive" report or go into the inventory to view receiving of stock number.

- 15.03 Does the department ensure that each item purchased:  
(AD-14.53) (TDCJ Procurement Card Manual) (FDM-01.11; FDM-05.09; FDM-05.11) [ACA 4-4037; ACA 4-4038]

A. Is an authorized item? ☒ YES NO N/A

B. Had prior documented Facilities Division Maintenance Headquarters authorization, if required? ☒ YES NO N/A

C. Is compatible with the detailed description on the associated work order? ☒ YES NO N/A

Note: This question applies only to items not purchased for stock.

D. Is documented on a Material Request Form FDM-01.01, Attachment A, (Rev. 02) November 01, 2009. ☒ YES NO N/A

COMMENTS: Reviewed the "Unauthorized Item List" in the Maintenance Procurement Card Program General Information Guide. All items purchased were legitimate to the department function. Reviewed Authorization from Facilities Maintenance was received.

METHODOLOGY: A. Review the 'unauthorized item list' in the current Maintenance Procurement Card Program General Information Guide to verify none of the items purchased is on the list and the items purchased were legitimate to the department function. B. Review files to verify that prior Facilities Maintenance authorization was obtained for refrigerant (commodity code 740-55) and commercial or security locking hardware (commodity codes 450-55 and 680-72) prior to the purchase. E-mail authorization is acceptable. C. Compare the detailed description of work on the associated work order for the specific item purchased to determine if it is compatible (i.e., pane of glass to repair a broken window but not gravel to repair storage



## III. FACILITIES (Maintenance)

## 15. PROCUREMENT CARD MANAGEMENT

building roof). D. Ensure the Material Request Form FDM-01-01, Attachment A, (Rev. 02) November 01, 2009 is used no other form is authorized.

**NOTE:** Use the same group of records selected for 15.01 above.

- 15.04 Does each reconciled monthly statement reviewed have supporting documentation for YES NO N/A  
each transaction?  
(AD-14.53) (TDCJ Procurement Card Manual) (FDM-01.11; FDM-05.09; FDM-05.11)

COMMENTS: Reviewed credit card statements and supporting documentation and ensured that each transaction had the appropriate documentation.

*METHODOLOGY: Review credit card statements and supporting documentation. Verify that the following supporting documentation is available in the department for each transaction: Charges: any of the following - receipt, invoice, packing slip, picking ticket or any other vendor supplied document that provides an itemized listing of items purchased. A vendor's stock number is acceptable as an itemized listing. If the vendor does not supply any documentation for transactions, the "Telephone Order Form" is an acceptable substitute. Credits: Any documentation noting the source of or reason for the credit is acceptable. Examples include credit slip supplied by the vendor, a copy of the original charge with a notation detailing the returned item(s) and/or a copy of the disputed charge form.*



## III. FACILITIES (Maintenance)

Unit Hutchins

## 16. AD-10.20 PROGRAM MANAGEMENT

Name Sgt. Jason Silwell - Operational Review Date 10/21/11

- 16.01 Are Daily Inspection Logs (AD-84s) properly completed for each workday? ☒ YES NO N/A  
(AD-10.20) [ACA 4-4218]

COMMENTS: Verified the AD-10.20 Representative are documenting their inspections and recording deficiencies on the AD 84's. All blank spaces were filled out appropriately. Reviewed Food Service, Laundry and housing area.

METHODOLOGY: Verify the AD-10.20 Representatives are documenting their inspections and recording their deficiencies on the current Daily Inspection Log (AD-84) attached to the AD-10.20 Policy (Rev.7) dated December 19, 2007 (Attachment A). A Daily Inspection Log (AD-84) is required for each workday. All blank spaces, except those designated "Maintenance Use Only," must be completed. Review Food Service, Laundry and the AD-10.20 Representative will randomly select one offender housing location.

NOTE: If a unit does not have a Laundry select another department i.e. Medical, Commissary, etc.

Request their Yearly Work Order Log (YWOL) and Daily Inspection Log for the previous month. Review these documents in order to respond to Checklist questions.

- 16.02 Are Yearly Work Order Logs (YWOLs) properly completed? ☒ YES NO N/A  
(AD-10.20) [ACA 4-4218]

COMMENTS: Verified the deficiencies on AD 84's are reported on the current Yearly Work Order Log. The Deficiency Description was similar to the AD 84's notations. ~~Cost~~ Amaris Wormly - AD-10.20 Officer was interviewed.

METHODOLOGY: Verify the deficiencies reported on the Daily Inspection Log (AD-84) are also reported on the current Yearly Work Order Log (YWOL) attached to the AD-10.20 Policy (Rev.7) dated December 19, 2007 (Attachment B). Verify the Work Order Number, Date Issued, and Priority from the Daily Inspection Logs returned from maintenance are transferred to the Yearly Work Order Log. The Deficiency Description on the Yearly Work Order Log shall be similar to that on the Daily Inspection Log but does not have to be identical. Maintenance will provide weekly reports to the AD-10.20 Representatives for use in weekly reconciliation of the YWOL. Verify Department Supervisors document completion of weekly inspections by initialing the Yearly Work Order Log.

NOTE: With regard to Department Supervisor initials, weekly is defined as from Sunday to Saturday. Inspections can be conducted on Monday one week and on Friday the following week. While this period includes more than seven days, it is acceptable based on the above definition of weekly.

- 16.03 Does the Maintenance Department complete the "Maintenance Use Only" section of the department's Daily Inspection Log (AD-84) with the "Work Order Number", "Date Issued" and "Priority" and returns it to the department so that the information can be transferred to the Yearly Work Order Log? ☒ YES NO N/A  
(AD-10.20) [ACA 4-4218]

COMMENTS: Verified the Maintenance Department has recorded the appropriate information in the "Maintenance Use Only" section.

METHODOLOGY: Verify the Maintenance Department has recorded the Work Order Number, Date Issued and Priority for newly identified deficiencies in the "Maintenance Use Only" section of the department's Daily Inspection Logs (AD-84s) returned to the department AD-10.20 Representatives.



ATTORNEYS EYES ONLY

## III. FACILITIES (Maintenance)

Unit Hutchins

## 17. Major Work Request (MWR) MANAGEMENT

Name Sgt. Jason Stilwell - Operational Review Date 10/21, 24/1117.01H Are all major construction and alteration projects authorized? (YES) NO N/A  
(BP-10.05; ED-10.06) [ACA 4-4028]COMMENTS: Reviewed all major construction and alteration projects and ensured they were authorized by the appropriate personnel. Inventory Interviewed and Reviewed documentation with the Maintenance Dept. Supervisor Terry Pugh

*METHODOLOGY: Major construction and alteration projects are those with a cost of \$1,000 or more. Review period will be from the last audit to present, review the following automated maintenance system reports for unauthorized major construction and alteration projects performed: Work Orders Coded to UNT and HVS; Part Costs and Additional Charges Greater Than/Equal to \$500.00; Parts Issued Without a Work Order. During the review visually observe for obvious projects that were completed or are in progress without prior MWR approval. If a project is observed then review CMMS "Major Work Request Projects" and interview Unit Maintenance Supervisor, Office Administrator, or other unit staff.*

17.02H Are all minor alterations or minor construction projects authorized? (YES) NO N/A  
(ED-10.06) [ACA 4-4028]COMMENTS: Reviewed all Minor alteration and construction projects and all were approved by the Regional Director. Reviewed period from last audit to present all were authorized. There were no projects completed or in progress without prior DM approval

*METHODOLOGY: Minor alteration and minor construction projects are those with a cost less than \$1,000. These projects require a DM approved by the Regional Director. Review period will be from last audit to present, review the following automated maintenance system reports for unauthorized minor alteration and minor construction projects performed: Work Orders Coded to UNT and HVS, Part Costs and Additional Charges Less Than \$500.00; Parts Issued Without a Work Order. Conduct a visual inspection of the unit for obvious projects that were completed or are in progress without prior DM approval. Interview Unit Maintenance Supervisor, Office Administrator, or other unit staff.*



**ATTORNEYS EYES ONLY****III. FACILITIES (Maintenance)**Unit Wachmans**18. EQUIPMENT MANAGEMENT**Name Susan Stilwell-Operational Review Date 10/24/11**NOTE: This section applies to the Division-Level Operational Review only.****18.01H PLUMBING – Gas Distribution  
(FDM-05.25)**

- A. Are Pressure Reducing Valves and associated gas lines free of leaks? YES NO N/A
- B. Are gas lines properly labeled and color coded? YES NO N/A
- Mandatory PMs Pressure Reducing Valves Gas/Air Substation (1544-PRV03Q)**

COMMENTS: Division-Level Operational Review only

**METHODOLOGY:** Review automated maintenance system Report "Item Equipment Type/Location" using the acronyms: "PRV" – Pressure Reducing Valve (gas only), and check equipment to determine responses to the above questions. A Visual inspection as well as use of a combustible gas detector is required. B Verify gas lines are identified by color coded labels (black letters on yellow background).

**NOTE: A-B Number of items checked will be 10% but no less than 1.****18.02 ELECTRICAL - Security Surveillance Systems (Cameras, Monitors, Video Switching Units and Perimeter/Pole Mounted Lights)  
(FDM-05.23 Rev. 05; FDM-05.28) NON-CRITICAL PM'S - CAMERAS, MONITORS (2355-TVM01S), AND VIDEO SWITCHING UNITS (2360-VSU01S)**

- A. Are cameras identified and numbered in accordance with TDCJ policy? YES NO N/A
- B. Are monitors showing clear and viewable images from camera locations? YES NO N/A
- C. Are video switching units scanning programmed camera locations? YES NO N/A
- D. Are pole mounted lights identified and numbered in accordance with TDCJ policy? YES NO N/A
- E. Are pole mounted lights identified on a map developed by unit maintenance? YES NO N/A

COMMENTS: Division-Level Operational Review only

**METHODOLOGY:** A, B, C Review automated maintenance system Report "Item Equipment Type/Location" using the acronyms: "CMR" – Camera. Randomly check the required amount of cameras for correct identification in accordance with TDCJ policy, "TVM"- Television Monitor for viewable images, and "VSU"- Video Switching Units to ensure units are scanning programmed camera locations. A visual inspection is required. D & E visually inspect the required amount of poles with mounted lights to verify numbers are stenciled in a contrasting color and large enough to be easily visible from the perimeter road or other observation point. Verify that a map identifying all pole mounted lights is maintained by unit maintenance and confirm that the stenciled number and location of the visually inspected poles agrees with the information on the map.

**Note:** A – C Number of items checked will be a minimum of 10% but no less than 1.  
D – E Number of poles checked will be a minimum of 25%.



# OPERATIONAL REVIEW SERGEANT'S REPORT

Unit: Hutchins State Jail Review Conducted: October 17, 2011  
(Month/Day/Year)

Functional Area Reviewed: Manufacturing and Logistics

Manual Chapter and Section Reference: Chapter VI sections 1-6

Total 'Applicable' Checklist Questions: \_\_\_\_\_ (      High +   0   Other)

- **INTRODUCTION:** For this audit none of the checklist questions were applicable for the Hutchins Unit. All of the questions in this section pertained to TCI facilities only.

- **FINDING(S)**

<i>Finding 1</i>			
	ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)	PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE
			DATE COMPLETED
1.			
2.			
3.			

<i>Finding 2</i>			
	ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)	PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE
			DATE COMPLETED
1.			
2.			
3.			



ATTORNEYS EYES ONLY

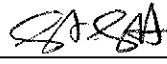
SM-01.23

Attachment A

**OPERATIONAL REVIEW SERGEANT'S REPORT**  
(cont.)

• **SUMMARY:**

• **OPERATIONAL REVIEW SERGEANT:**

Sgt. Jason Stilwell \_\_\_\_\_  
(Print Name)  10/17/16  
(Signature/Date)

Justification for Late Submission by Operational Review Sergeant: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

• **WARDEN:**

JEFF PRINGLE, WARDEN \_\_\_\_\_  
(Print Name)  10-18-16  
(Signature/Date)

Attachment: Completed checklist(s)  
Copy: File  
Unit-level Department Head





## OPERATIONAL REVIEW SERGEANT'S REPORT

Unit: Hutchins State Jail Review Conducted: October 26, 31, 2011  
(Month/Day/Year)

Functional Area Reviewed: Offender Grievance

Manual Chapter and Section Reference: Chapter I section 2

Total 'Applicable' Checklist Questions: 19 ( 1 High + 18 Other)

### • INTRODUCTION:

For this audit I reviewed Emergency Grievances and interviewed Mrs. Adra Scott-Burger Unit Grievance Investigator. I referred issue codes located in Appendix D, compared grievance with code referenced for accuracy. I ensured that staff that are involved in the subject matter of the grievances are not participating in the investigations. I reviewed Specialty Grievances and ensured that the allotted timeframe's and appropriate signatures were in compliance. I checked the GR00 "19" screen against grievances and the entry date and updates were compliant, and comment fields were completed. Checked Step 1 grievances to ensure all documentation and timeframe's were compliant as well as the issue presented by the offender was being addressed. A copy of Appendix E of the OGOM was obtained and the OG-01's were reviewed as well as the GR00 "19" screen for documentation. Interviewed Mrs. Scott-Burger and reviewed the Record Disposition Log. Inspected the Law Library and other common areas for the grievance instructions in Spanish and English and they were in place. Reviewed all grievances that were screened and returned to the offender unprocessed, all returned grievances contained the required documentation. Inspected grievance collection box locations and all were secured and accessible to offenders. Reviewed 20 Step 2 grievances for proper documentation and all were compliant. Conducted interviews on 10 unit staff members and 15 offenders concerning knowledge of the grievance procedures and ensured they were knowledgeable.



## • FINDING(S)

<b>Finding 1 2.13(B)</b>			
<i>Several offenders who transferred out on 10/10/11 Unit Grievance File was not forwarded to their new unit of assignment.</i>			
<b>ACTION STEPS</b> <i>(List all steps that have been or will be taken to correct the finding. Use as many as necessary.)</i>	<b>PERSON/DEPT. HEAD RESPONSIBLE</b>	<b>TARGET DATE</b>	<b>DATE COMPLETED</b>
1. Mrs. Adra Scott-Burger will ensure when an offender is transferred to a new unit of assignment the Unit Grievance File will be sent to that unit.	Mrs. Adra Scott-Burger Unit Grievance Investigator	November 31, 2011	
2. Sgt. Jason Stilwell will monitor to ensure files are sent in a timely manner.	Mrs. Adra Scott-Burger Unit Grievance Investigator	November 31, 2011	
3.			

<b>Finding 2</b>			
<b>ACTION STEPS</b> <i>(List all steps that have been or will be taken to correct the finding. Use as many as necessary.)</i>	<b>PERSON/DEPT. HEAD RESPONSIBLE</b>	<b>TARGET DATE</b>	<b>DATE COMPLETED</b>
1.			
2.			
3.			



ATTORNEYS EYES ONLY

SM-01.23

Attachment A

**OPERATIONAL REVIEW SERGEANT'S REPORT**  
(cont.)

• **SUMMARY:**

• **OPERATIONAL REVIEW SERGEANT:**

Sgt. Jason Stilwell  
(Print Name)

 10/31/11  
(Signature/Date)

**Justification for Late Submission by Operational Review Sergeant:** \_\_\_\_\_

• **WARDEN:**

**JEFF PRINGLE, WARDEN**

(Print Name)

 11-1-11  
(Signature/Date)

Attachment: Completed checklist(s)  
Copy: File  
Unit-level Department Head







UNIT: HutchinsDATE: 10/26, 31/11

## I. ADMINISTRATIVE REVIEW &amp; RISK MANAGEMENT (Offender Grievance Program)

## 2. OFFENDER GRIEVANCE PROCEDURE

(BP-03.77; AD-03.82; Offender Grievance Operations Manual [OGOM],  
GR00 Case Tracking System; TDCJ Records Retention Schedule)  
[ACA 4-4248, 4-4284, 4-4394]

The checklist questions noted with an asterisk (\*) also apply to Offender Transportation (2.02, 2.03, 2.04, 2.05, 2.06, 2.07, 2.08, 2.09, 2.12, 2.15, 2.16).

For checklist questions 2.01 – 2.10, a sample of grievance investigations completed up to the previous 180 day period are selected based on the unit's maximum capacity, as noted below. If unsure about the unit's capacity, refer to the "Unit Profiles" published by Executive Services.

Small Units with a capacity up to 1000 offenders	20 grievances
Medium Units with a capacity of 1001 - 2000 offenders	30 grievances
Large Units with a capacity of 2,001 or more offenders	50 grievances

The sample of grievances to be reviewed shall include at least one from each of the ten broad subject areas listed below:

000 – Emergency / Protection Issues / Specialty	500 – Facility Operations
100 – Religion	600 – Medical
200 – Classification	700 – Legal
300 – Communication	800 – Staff Complaints
400 – Disciplinary	900 – Miscellaneous

Contact the Unit Grievance Investigator (UGI) in advance to request the UGI retain copies of Step 2 grievances forwarded to the Central Grievance Office (CGO) for two weeks prior to the review, or until 20 copies are obtained, in order to answer checklist question 2.15. Generate a closed grievance report from the GR00 "26" screen, option 01, option 05 for unit level reviews and bi-annual reviews. Request the previous 90 day period for medium to large units and the previous 180 days for small units to acquire the number noted above. Enter the "INCIDENT UNIT"; "FROM DATE"; and "TO DATE" fields; then press F6 to process the request. A "Report Complete" system message will display. Print the report from "infopac" within 30 minutes. Only one report may be requested per day. The UGI can process this report for the reviewer.

2.01H Are grievances determined to involve protection issues (sexual abuse, sexual assault, fear of another offender, fear of staff, extortion, medical emergency) processed as an emergency in accordance with agency policy?

☒ YES ☐ NO ☐ N/A

COMMENTS: Reviewed Emergency Grievances and interviewed Mrs. Adra Scott-Burger  
UGI and documentation and time frame's were completed

METHODOLOGY: Emergency grievances are EXEMPT from all screening criteria and emergency grievances are not eligible for time limit extension. Interview the grievance staff regarding the procedures for processing emergency grievances (Codes 000, 001, 002, 003, 007, 008, 009, 011, 012, 014 and 015). Allegations of sexual harassment (010 and 013) are handled administratively. Review the OG-01 Grievance Investigation Worksheets attached to the grievance. The unit classification chief and major are notified for 000, 001, 007 and 014 grievances; the warden for 002 and 015; the warden, unit safe prisons coordinator and the Office of the Inspector General (OIG) for 008, 009, 011 and 012 grievances in accordance with the Safe Prisons Plan. The required notifications shall be accomplished by mainframe email followed by a telephone call to the highest-ranking security supervisor on duty to notify them of the claim. A copy of the email, listing the names of the recipients, will be attached to the grievance investigative documentation. Medical emergencies (Code 003) are immediately forwarded to the health services administrator, unit practice manager, director of nursing or nurse administrator. The **Emergency Checklist** is a tool that was developed to assist staff in identifying emergency issues presented in a grievance when not presented clearly. The checklist consists of five questions and provides staff a consistent, systematic and efficient method of identifying when a grievance should be processed as an emergency grievance. If the answer to even one question on the checklist is "YES", then the grievance is processed as an emergency grievance. If all questions are answered "NO", then the grievance is coded the best way to describe the offender's complaint and processed as a regular grievance.



## I. ARRM (Offender Grievance Program); 2. Offender Grievance Procedure

\*2.02 Are correct issue codes used to identify the nature of the offender's complaint?

☒ YES ☐ NO ☐ N/ACOMMENTS: Referred to the issue codes located in Appendix D, compared Grievance with code referenced. The code applied reflects the issue presented.

METHODOLOGY: Refer to the issue codes located in Appendix D. Compare the issue presented in the grievance with the code referenced. Ensure the issue code applied reflects the issue presented in the grievance, as well as the action requested by the offender. Additional codes may be used when there are significant secondary issues arising out of the same incident.

\*2.03 Are grievances about specific staff members investigated by staff other than those named in the grievance?

☒ YES ☐ NO ☐ N/ACOMMENTS: Interviewed and reviewed with Mrs. Scott-Burger investigative documentation. Staff that are involved in the subject matter are not participatingMETHODOLOGY: Interview grievance staff and review investigative documentation. Staff that are involved in the subject matter presented in the grievance are **NOT** to participate in the investigation or resolution of the grievance, to include the signature authority. In situations where the Major is the signature authority, ensure they were not involved in the subject of the grievance, for example a disciplinary case appeal. Ensure they were not involved in any aspect of the disciplinary case (charging officer, approving supervisor, grading official).in the investigation.

\*2.04 Are Specialty Grievances:

A. Processed according to guidelines established in the OGOM?

☒ YES ☐ NO ☐ N/A

B. Signed and dated by the appropriate signature authority?

☒ YES ☐ NO ☐ N/ACOMMENTS: Reviewed Specialty Grievances and ensured that the allotted timeframe's and appropriate signatures were in compliance. Grievance codes were appropriate.

METHODOLOGY: All screening criteria, except #2 apply for specialty grievances. Specialty grievances are non-emergency grievances that require prompt attention and consist of the following:

- Americans with Disabilities Act (ADA) complaints (code 004).
- Impermissible conduct by offenders, formerly known as SSI complaints (code 005).
- Religious issues, claiming a burden on the free exercise of religion (codes 100, 101, 102, 104, 112).
- Health care issues related to access or quality of care, all medical codes, except 600 – 606 and 673.
- Access to Courts issues (codes 700, 701, 702, 703, 704, 705, 706, 707, 709, 710, 711, 712, 713).
- Allegations of use of force, criminal acts by staff, or harassment and retaliation for exercising access to courts rights (codes 800, 801, 802, 803, 804, 805, 806, 811).
- Grievance staff and grievance procedure issues (codes 903, 904, 910).

The unit-level proponent for the specific functional area, such as the unit risk manager, chaplain, operational review sergeant, unit safe prisons program coordinator investigates specialty grievances and provides a suggested response. Only a copy of the "narrative portion" is provided to the unit-level proponent. The health services administrator, unit practice manager, director of nursing or nurse administrator, as appropriate is the signature authority for medical grievances and the warden acknowledges their review by writing their initials on the front left-hand corner of the original form. In the case of multiple issue grievances, such as a food service issue and a medical issue, responses provided and signed by medical staff are copied verbatim from the suggested response documented on the OG-01 and the warden is the signature authority. Once a grievance is signed by the appropriate signature authority, the UGI will date stamp the form on the signature date line. Specialty grievances relating to OIG issues, such as use of force, criminal acts by staff, retaliation for use of the grievance procedure, or access to courts are processed according to the guidance found in Chapter IV of the OGOM. Discrimination issues are considered specialty grievances; however, are generally investigated by the UGI.

(2.02) # 2011221772 # 2012003937  
 2011200312 2011204948  
 2011192576 2011198564  
 2011220373 2011174099  
 SM/kw 2011193740  
 2011218899  
 2011221775  
 2012006115  
 2012218942  
 2012000726

September 2011

APPENDIX 0942

(2.04) # 2011220373  
 2011213490  
 2011367804  
 2011004071  
 2012020084  
 2012021130

(2.03) # 2011220373  
 L 2011199374

Page 2 of 7

McCOLLUM 07215



## I. ARRM (Offender Grievance Program); 2. Offender Grievance Procedure

- \*2.05 Are all grievances eligible for processing entered into the GR00 Case Tracking System on the date received, and updated as each stage of the grievance procedure is completed?

☒ YES NO N/A

COMMENTS: Checked the GR00 "19" screen against grievances and the entry date and updates were in place. The comment fields are completed.

METHODOLOGY: Check the GR00 "19" screen to ensure that each grievance was entered into the tracking system on the date received and updated as each stage of the grievance procedure is completed, as well as checking to ensure that the subject and comment fields are completed.

- \*2.06 Time limits for Step 1 grievances begin with the "received date":

- A. Was the investigation completed within 40 days, or 30 days for disciplinary appeals, or by the due date with extension? ☒ YES NO N/A
- B. Was an extension applied prior to the original grievance due date? ☒ YES NO N/A
- C. Were the extensions entered into the GR00 Case Tracking System? ☒ YES NO N/A
- D. Was a "Notice of Extension" forwarded to the offender and a copy attached to the grievance investigative documentation? ☒ YES NO N/A

COMMENTS: checked for the grievances reviewed on the GR00 "19" screen to ensure adherence with time limits. Ensured extensions were conducted

METHODOLOGY: Emergency grievances are not eligible for time limit extension. A. Check the closed dates for the grievances reviewed on the GR00 "19" screen to ensure adherence with the 40-day time limit, the 30-day time limit for disciplinary appeals, or the time limit was met with an extension. B. Grievance staff is authorized one 40-day extension per grievance prior to the due date when needed to complete an investigation and may be applied to a grievance on the actual date the grievance is due. C. Review the GR00 "19" screen for grievances that have been extended to ensure proper notation in the extension field. D. Review files to ensure each grievance that was not closed by the actual due date was extended with the appropriate Notice of Extension (Appendix M) forwarded to the offender and a copy is included with the file copy of the grievance.

within timeframe's and entered into the GR00 screen. "Notice of Extension" copy was forwarded to the offender.

- \*2.07 Does the Step 1 grievance response address the issue presented by the offender?

☒ YES NO N/A

COMMENTS: Compared the Step 1 grievance response to the issue presented in the grievance, the offenders requested remedy, and the suggested response

METHODOLOGY: Compare the Step 1 grievance response to the issue presented in the grievance, the offender's requested remedy, and the suggested response documented on the OG-01. Responses are to be factual, informative, address the issue presented, and provide closure. Standard responses are unacceptable. Responses are not to be sarcastic, threatening or antagonistic towards the offender. If multiple issue codes are assigned to the grievance, each code should be addressed in the response. The investigative documentation attached to the file copy of the grievance is to support the response.

documented on the OG-01. The responses on the OG-01 were appropriate

- \*2.08 Is the outcome code assigned to each grievance based on the action taken and the response provided to the offender?

☒ YES NO N/A

COMMENTS: Obtained copy of the Appendix E of the OGOM. The outcome code was written on the OG-01 and documented on the GR00 "19" screen

METHODOLOGY: Refer to the outcome codes and their definitions listed in Appendix E of the OGOM. The outcome code is to reflect the action taken as a result of the grievance. Compare the outcome code written on the OG-01 and entered on the GR00 "19" screen to the response provided to the offender:

D - No Action

H - Grievances Screened and Returned to the Offender for Correction and Resubmission

R - Resolved

T - Referred to the Office of the Inspector General (OIG) for Appropriate Action

U - Grievance Included With the Use of Force Report for Review

O - Referred to Employee Relations

2.05) #2011221772  
L 201136616  
F #2011221771  
2.06) 2012013896  
L 201162163

(2.07) #201162163  
L #201174098  
201188318  
(2.08) 201188318  
201174098  
201174098  
2011207748

September 2011

APPENDIX 0943

Page 3 of 7

McCOLLUM 07216



**I. ARRM (Offender Grievance Program); 2. Offender Grievance Procedure**

\*2.09 Are the following documents completed and attached to the file copy of the grievance, as applicable:

- A. "Office Use Only" box of the Step 1 grievance? ☒ YES NO N/A
- B. OG-01 Grievance Investigation Worksheet? ☒ YES NO N/A
- C. The "Supervisor Comment" section is completed, signed and dated? ☒ YES NO N/A
- D. All documents reviewed that supports the investigation? ☒ YES NO N/A
- E. Written statements from staff or offenders that includes a signature and date? ☒ YES NO N/A
- F. Step 1 grievance signed and dated by the signature authority? ☒ YES NO N/A

COMMENTS: Reviewed 127 grievances for the following documentation and all the above documents were in place for the grievances

METHODOLOGY: A. Review the I-127 Step 1 grievance for proper completion of the "Office Use Only" Section (grievance #, date received, date due, grievance code, investigator ID #, extension date, date returned to offender). B. & C. Review OG-01's for complete entries: Unit; invest #; date initiated; date completed; date due; offender name; TDCJ #; grievance #; issue code; emergency (yes/no); Specialty Grievance; summary of issue; requested remedy; summary of fact finding activity; suggested response to offender; outcome code; completed by (name, title, signature, date); Warden/Designee (no action warranted, protective custody, refer to the OIG, cell change/transfer, administrative action, signature and date). D. All documents supporting the investigation are to be attached to the grievance, such as tracking rosters; recreation logs; offender property forms; policies; written unit rules; Disciplinary Worksheet and Document Checklist; Disciplinary Hearing Record; Emergency Checklist; Property Claim Checklist; Property Settlement Agreement; Monetary Reimbursement Agreement; Notice of Extension; Documents and Forms Required for Investigation of Medical Grievances; Fact Sheet for OIG investigations; Use of Force Cover Letter; Staff Use of Slurs or Hostile Epithets Referral; Offender Protection Investigations; English translation for grievances written in Spanish; and any other forms, as applicable. E. Written statements from staff or offenders are to be signed and dated.

2.10 Are copies of grievances maintained for three years after the grievance is closed, then disposed of in accordance with the Records Retention Schedule? ☒ YES NO N/A

COMMENTS: Interviewed Ms. Scott Burger and reviewed Record Disposition Log. Reviewed the GR00 "19" screen in the litigation field for compliance

METHODOLOGY: The Administrator of Offender Grievances notifies grievance staff via mainframe email regarding the specific purge date for all files not involved in litigation (September and February). Interview grievance staff, review the Records Disposition Log (Appendix Q), and check the offenders' files for the grievances reviewed, as well as 10 inactive files to ensure records are purged. Copies of screened grievances are also maintained in the offender's grievance file for the three year retention period. Review the GR00 "19" screen, specifically the litigation field. If a "Y" appears in that field, the grievance file is **NOT** to be purged. If there is a recent email litigation request, the file is not to be purged without first contacting the CGO and checking the status of the request. When an offender departs from the custody of TDCJ, the grievance file is maintained at his last unit of assignment.

2.11 Are current copies of the following documents accessible to offenders:

- A. BP-03.77, "Offender Grievances" and AD-03.82, "Management of Offender Grievances" located in the law library? ☒ YES NO N/A
- B. Instructions "How to Write and Submit Grievances" Form OG-02 (Spanish & English) located in the law library, as well as posted in the housing areas and prominent locations throughout the unit? ☒ YES NO N/A

COMMENTS: Inspected the appropriate areas for documentation to be posted. Inspected the law library for copies of BP-03.77 and AD-03.82

METHODOLOGY: A. Check the law library for copies of BP-03.77 and AD-03.82. B. Check the law library, offender housing locations, main hallway bulletin boards, and other areas accessible to offenders to ensure the grievance instructions are available. The TDCJ Offender Orientation Handbook, as well as some unit orientation packets for newly assigned offenders contains the OG-02.

SM/kw

September 2011

Page 4 of 7

2012001432  
2012005508  
(201) # 2011199374  
L



## I. ARRM (Offender Grievance Program); 2. Offender Grievance Procedure

\*2.12 For grievances that are screened and returned to the offender unprocessed:

- A. Is the screening criteria applied correctly? ☒ YES NO N/A  
 B. Is proper documentation recorded on the grievance forms? ☒ YES NO N/A  
 C. Are entries into the GR00 Case Tracking System correct? ☒ YES NO N/A

COMMENTS: Reviewed all grievances that were screened and returned to the offender unprocessed. All grievances contained the required documentation.

METHODOLOGY: Review 20 (or all if less than 20) grievances that were screened and returned to the offender unprocessed. Emergency grievances are **EXEMPT** from all screening criteria. All screening criteria, except #2 apply for specialty grievances. Disciplinary appeals are exempt from screening criteria #2, Submission in excess of one every seven days and #5, No documented attempt at informal resolution. A. Refer to the definitions of the screening criteria discussed in Chapter IV of the OGOM. Ensure the screening criterion listed is consistent with the definition. Check the GR00 "18" screen for grievances screened for #2 "Submission in excess of 1 every 7 days" and check the grievance file for grievances screened for #9 "Redundant" to verify the grievance is a repetitive grievance. B. Ensure the UGI date stamped the grievance at the end of the narrative portion of the grievance and completed the appropriate sections on the back of the I-127 form: marked the appropriate screening criteria in the "Returned because" section; completed the return criteria section; and signed and printed their name on the "UGI Signature" line. Medical grievances that are screened will include the name and signature of the health services administrator, unit practice manager, director of nursing or nurse administrator, as appropriate. C. Review the "19" screen for entries into the GR00 to ensure the appropriate use of the "99" code: the first number of the issue code from Appendix D + 99, such as when the issue code is 500, then the grievance would be coded 599. The subject field shall reflect a brief description of the issue presented in the grievance and the comment field shall reflect a brief summary of the grievance. The criteria noted with an asterisk [\*] are eligible for correction and resubmission.

2.13 Are offender grievance files:

- A. Kept on the unit of assignment when an offender temporarily departs? ☒ YES NO N/A  
 B. Forwarded to the new unit of assignment when an offender is transferred? YES ☒ NO N/A  
 C. Entered into the GR00 "24" screen when forwarded to a new unit? ☒ YES NO N/A

COMMENTS: Reviewed outgoing chain list and selected 20 random offender names. Offenders who temporarily depart files remain on the unit. Several offenders

METHODOLOGY: Review the outgoing chain lists for the previous 60-day period and select 20 offender names. A. Check that the file for offenders who temporarily departed the unit for a medical appointment, crisis management, bench warrant, or similar situations was kept on the unit. For those offenders transferring to a new unit of assignment, check to ensure the file has been forwarded. Review the mainframe "IMF HIST" screen and the "UCR-02" screen to verify an offender was transferred to a new unit of assignment. Merely checking the UCR-11 screen is no longer effective in determining an offender's unit of assignment. C. Review the GR00 "24" screen to determine the date the file was forwarded to the new unit of assignment.

who transferred out on 10/10/11 Unit Grievance file was not forwarded to their new unit

2.14 Are offender grievance:

- A. Collection boxes accessible to offenders and kept locked at all times? ☒ YES NO N/A  
 B. Records kept confidential and secure at all times? ☒ YES NO N/A

COMMENTS: Inspected grievance collection box locations and all are secured and accessible to offenders. Interviewed Ms. Scott - Burger VLT about logging

METHODOLOGY: A. Check grievance collection box locations, such as adjacent to the dining hall, the main hallway, and housing areas to ensure the boxes are accessible and locked. B. Interview grievance staff and observe the physical layout of the grievance office. Ensure staff "signs off" of the computers when not in use. Original grievances, investigative documentation, and grievance files are to be stored in locked file cabinets or appropriately secured during non-working hours. Keys are restricted to grievance staff and the warden. Review the previous 30-day period of Key Logs to verify restricted access to keys.

off computers and keeping records secured. Reviewed Key Logs for previous 30 days

SM/kw (212) #2012032208 #2011180339  
 2012032207 201116446  
 September 2011

Page 5 of 7



I. ARRM (Offender Grievance Program); 2. Offender Grievance Procedure

\*2.15 Are Step 2 grievances received by the UGI:

- |    |   |            |    |            |
|----|---|------------|----|------------|
| A. | Reviewed for emergencies?   | <u>YES</u> | NO | N/A        |
| B. | Date stamped in the "UGI Rec'd Date" section and the grievance number and issue code hand-written in the "Office Use Only" box? | <u>YES</u> | NO | N/A        |
| C. | Translated by a TDCJ certified interpreter, if written in Spanish?  | YES        | NO | <u>N/A</u> |
| D. | Appropriately entered into the GR00 database?   | <u>YES</u> | NO | N/A        |
| E. | Forwarded, with all investigative information from the Step 1 grievance file, to the Central Grievance Office (CGO)?            | <u>YES</u> | NO | N/A        |
| F. | Are completed Step 2 grievances returned to the unit from CGO, entered into Screen 09, Option 02 in GR00?                       | <u>YES</u> | NO | N/A        |

COMMENTS: Interviewed UGI Ms. Scott Burger concerning the screening for emergency grievances. Reviewed 20 step 2 grievances for the above criteria. No grievances

METHODOLOGY: Step 2 grievances are collected from offenders in the same manner as Step 1 grievances. Review 20 Step 2 grievances (or all if less than 20) to ensure: A. The UGI reviewed the grievances for emergency situations. B. The UGI date stamped the Step 2 grievance form on the "UGI Rec'd Date" line and wrote the grievance number and issue code on the appropriate lines of the "Office Use Only" box on the front of the form. C. Acquire a list of certified interpreters for the unit. Ensure that grievances written in Spanish were translated into English by a certified interpreter prior to being forwarded to the CGO. D. Review the corresponding GR00 "19" screen entry (Rec'd at unit) to ensure the dates, as well as the grievance number and issue codes are consistent. E. Check that the originals of the Step 1 and Step 2 grievance forms, and copies of the Step 1 investigation documents were forwarded to the CGO. F. Review the GR00 19 Screen in the "Ret to Offender" field to ensure the returned date of the Step 2 grievance to the offender was entered.

written in Spanish at this time

For checklist questions 2.16 – 2.19, interviews are to be conducted with 10 unit staff and 15 offenders. Staff interviews are to include security staff, at least one security supervisor and one departmental supervisor. Offender interviews are to include at least one offender from each custody level housed at the unit. A physical inspection (when indicated in the methodology) is to include at least one housing area for each custody level of offender housed at the unit.

\*2.16 Do unit Security and Departmental Supervisors actively participate in the investigation and resolution of grievances that pertain to their area of responsibility?

COMMENTS: Interviewed Sgt. Brian Amara and Ms. Pandora Cauley - Libran III concerning participation. Reviewed OG-01's for compliance

METHODOLOGY: Interview security supervisors and unit department heads, as well as review OG-01's.

2.17 Are grievance forms (I-127, I-128) available to offenders upon request?

COMMENTS: Interviewed staff and offenders regarding availability and locations where grievance forms can be obtained. See attachment.

METHODOLOGY: Interview staff and offenders. Grievance forms shall be available to offenders from staff and located in prominent locations on the unit, such as in housing areas, to include Ad Seg; Solitary; Death Row; G5/J5/P5; security stations; and law library. Spanish forms may be kept in the UGI's office for reproduction.

SM/kw	Γ#	#	#
	(215)	2011203297	201169476
		2011205698	201171758
		2011207748	2011083524
		2011195699	2011087248
		2011192516	2011149211
		2011183628	2011171772
		2011183627	2011153533
		2011188314	2011163884
		2011174098	2011141053
		2011175012	2011046819

September 2011

APPENDIX 0946



**I. ARRM (Offender Grievance Program); 2. Offender Grievance Procedure**

- 2.18 Are offenders allowed to assist one another as needed, or provided assistance by staff to utilize the grievance? YES NO N/A

COMMENTS: Interviewed staff and offenders concerning assistance for completing grievance forms.

METHODOLOGY: Interview staff and offenders to determine if offenders are able to receive assistance in preparing grievances when needed.

---

- 2.19 Are grievances collected each workday by Grievance Staff? YES NO N/A

COMMENTS: Interviewed staff and offenders regarding the pickup of grievance forms daily.

METHODOLOGY: Interview staff and offenders. Offenders are to place their grievances in the collection boxes or hand directly to grievance staff. Security officers are **NOT** authorized to collect grievances unless assigned to the Unit Grievance Office as an alternate grievance investigator.

---



## OPERATIONAL REVIEW SERGEANT'S REPORT

Unit: Hutchins State Jail Review Conducted: October 17,19,20, 2011  
 (Month/Day/Year)

Functional Area Reviewed: Risk Management

Manual Chapter and Section Reference: Chapter VIII

Total 'Applicable' Checklist Questions: 15 ( 7 High + 8 Other)

• **INTRODUCTION:**

For this Audit I Reviewed Training Documentation on Offenders and Staff to ensure compliance. I Reviewed with URMCO Roy Storie his monthly comprehensive inspections and documentation of deficiencies on the Unit. I ensured through inspection of documentation that there is a written policy and procedure for the storage, control, and the use of all hazardous chemicals, and a system for accountability and distribution. I reviewed the Major Emergency Response Plan and Tab J for completion. I reviewed the Unit Fire Plan and documentation signed by Officials from Hutchins Fire Department. I ensured that the Unit is equipped with an adequate amount of fire extinguishers and they are serviced and inspected properly. I interviewed 10 Staff Members and ensured they were familiar with emergency procedures and timeframes for response. I reviewed the Unit Lockout/Tagout Policy and Procedure. I inspected training and documentation on weather extremes and on CDSO staff members. I reviewed the Unit Risk Management/Safety Policy which had the current Senior Warden's signature. I interviewed and reviewed documentation with the Alternate URM CO V Ronnette Leinhart and ensured her knowledge of this position. I reviewed documentation concerning Community Work Projects and Employee/Offender accidents and injuries to ensure compliance.

• **FINDING(S)**

<b>Finding 1 8.02H(A)</b>			
<i>Reviewed weekly safety inspections for a 6 month period several shift/departments were not compliant.</i>			
<b>ACTION STEPS</b> <i>(List all steps that have been or will be taken to correct the finding. Use as many as necessary.)</i>		<b>PERSON/DEPT. HEAD RESPONSIBLE</b>	<b>DATE COMPLETED</b>
1.	Third Shift Security/Commissary Department will ensure that weekly and monthly safety inspections will be completed appropriately	Tony Chapman Commissary Supervisor/ Third Shift Lieutenants	November 21, 2011
2.	This will be monitored by URMCO Roy Storie to ensure compliance.	URMC Roy Storie	November 21, 2011



**ATTORNEYS EYES ONLY**

SM-01.23

Attachment A

3.				
----	--	--	--	--

<b>Finding 2 8.05H(B)</b>				
<i>Inspected all Fire Extinguishers on the Facility and several were not compliant with monthly inspection/annual service. (D1-4 monthly inspection, Infirmary 2 extinguishers, Kitchen 2 extinguishers, Unit Supply 1 extinguisher, Property/Intake 2 extinguishers B5-8 Bldg Picket extinguisher)</i>				
<b>ACTION STEPS</b> (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		<b>PERSON/DEPT. HEAD RESPONSIBLE</b>	<b>TARGET DATE</b>	<b>DATE COMPLETED</b>
1.	The appropriated CDSO and URMCM will ensure that fire extinguishers will be serviced/inspected appropriately	URMC Roy Storie	November 21, 2011	
2.	This will be monitored by Operational Review Sgt. Jason Stilwell	URMC Roy Storie	November 21, 2011	
3.				

- **FINDING(S)**

<b>Finding 3 8.07H(B)</b>				
<i>Reviewed documentation for Temperature Log's for the previous 90 day period, some shifts were not completing the Log's appropriately. (All Shifts)</i>				
<b>ACTION STEPS</b> (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		<b>PERSON/DEPT. HEAD RESPONSIBLE</b>	<b>TARGET DATE</b>	<b>DATE COMPLETED</b>
1.	Shift Lieutenants will ensure that the appropriate Line Control Officer completes the Log's according to Policy.	Shift Lieutenants	November 21, 2011	
2.	URMC Roy Storie will ensure that this process is being completed daily.	URMC Roy Storie	November 21, 2011	
3.				



**ATTORNEYS EYES ONLY**

SM-01.23

Attachment A

# **OPERATIONAL REVIEW SERGEANT'S REPORT** (cont.)

- **SUMMARY:** The URM and his CDSO's are doing a good job with Safety Procedures and Training. URM Roy Storie had a great deal of knowledge of this position and the aspects of it. The Shifts are doing a good job conducting drills and Safety Training.

- **OPERATIONAL REVIEW SERGEANT:**

Sgt. Jason Stilwell  
(Print Name)

*JA SA 10/21/11*  
(Signature/Date)

**Justification for Late Submission by Operational Review Sergeant:** \_\_\_\_\_

- **WARDEN:**

**JEFF PRINGLE, WARDEN**  
(Print Name)

*Jeff Pringle 10-21-11*  
(Signature/Date)

Attachment: Completed checklist(s)  
Copy: File  
Unit-level Department Head

*3*

*11*



Unit: Hutchins

Date: 10-17, 19, 20, 2011

**I. ADMINISTRATIVE REVIEW AND RISK MANAGEMENT**

**8. RISK MANAGEMENT**  
**(Risk Management Program Manual)**

**NOTE:** The following checklist items are NOT applicable to Offender Transportation: 8.01D; 8.04B; 8.07B; 8.11; 8.13; 8.14.

8.01H With regards to unit safety, fire safety, emergency response and risk management training, does the unit:  
 (RM-04) [ACA 4-4220M; ACA 4-4221M; 4-4455M]

- |    |  |            |    |     |
|----|--|------------|----|-----|
| A. | Provide initial unit orientation training for newly assigned staff (uniformed & non-uniformed that includes an overview of the unit Major Emergency Response Plan?       | <u>YES</u> | NO | N/A |
| B. | Provide all employees annual training in fire prevention, suppression and emergency evacuation procedures?   | <u>YES</u> | NO | N/A |
| C. | Risk Manager provide training to department supervisors regarding 'how to' conduct workplace fire and safety inspections?  | <u>YES</u> | NO | N/A |
| D. | Provide newly assigned offenders initial unit orientation information regarding basic safety responsibilities and procedures?  | <u>YES</u> | NO | N/A |
| E. | Risk Manager monitor departmental initial training activities for employees and offenders, to verify training is provided on proper job related safety responsibilities? | <u>YES</u> | NO | N/A |
| F. | Risk Manager monitor departmental monthly safety training for employees and offenders, to verify one-hour of training is provided each month?                            | <u>YES</u> | NO | N/A |

COMMENTS: Reviewed training documentation for previous 3 month period, Renewed Unit's annual fire training documentation. Reviewed supervisor/offender training documentation

**METHODOLOGY:** All records reviewed must indicate training has been provided to staff and offenders. A. Review all new employee's training documentation for the previous 3-month period. Documentation must indicate that the training includes information on the entire Plan (beyond fire prevention, suppression, and evacuation). B. Review the unit's annual fire training documentation. C. Review supervisor training documentation for the previous 6-month period. D. Review 25% of the initial unit offender training documentation for offenders assigned to the unit for the previous 3 month period. E. Review documentation on file in the Unit Risk Manager's (URM) office and on file in all unit departments where offenders have work assignments. Review a total of 25% of the department records for assigned offenders (example: department has 88 assigned offenders, review 22 records). F. Review documentation on file in the URM's office and each individual department for the previous 3-month period.

8.02H Is there a comprehensive inspection program established, to include:  
 (RM-24) [ACA 4-4212M; ACA 4-4329M]

- |    |   |            |           |     |
|----|---|------------|-----------|-----|
| A. | Department supervisors conducting weekly inspections of their respective work areas and documenting deficiencies?           | YES        | <u>NO</u> | N/A |
| B. | The URM conducting a monthly comprehensive inspection of the unit?  | <u>YES</u> | NO        | N/A |
| C. | Risk Assessment Codes being issued to outstanding deficiencies?   | <u>YES</u> | NO        | N/A |
| D. | No Risk Assessment codes of 1 or 2 deficiencies were identified during the inspections that were not previously documented? | <u>YES</u> | NO        | N/A |

COMMENTS: Reviewed weekly inspections for a 6 month period several shift/departments were not compliant, Renewed URM's documentation on monthly inspections. Conducted a comprehensive inspection of unit.

**METHODOLOGY:** A. Review inspection documentation on file in the URM's office and in all departments for the previous 6-month period (of the 26 weekly inspection documents reviewed in each department, not more than 2 weekly inspections can be missed, and these 2 weeks shall not be consecutive). B. Review the URM's documentation on monthly inspections for the previous 6-month period. C. Review documentation for the previous 6-month period and verify Administrative Directive 10.63 is appropriately utilized to validate severity of identified deficiencies. D. Using the Unit Risk Managers inspection checklist as a guide, conduct a comprehensive inspection of the staff and offender work areas. Identify and documented any deficiencies that are considered a Rac 1 or 2 according to A.D-10.63. (Rac 1 is defined as Emergency – Imminent or likely death or imminent serious injury. Rac 2 is defined as Urgent – Possible death, likely



## I. ADMINISTRATIVE REVIEW AND RISK MANAGEMENT 8. RISK MANAGEMENT

serious injury, imminent moderate injury, minor first aid, or legal action/citation). AD-10.63 "Operational Risk Assessment Program", shall be utilized to effectively categorize noted deficiencies. Any deficiency that is detected during the Operational Review where it is unclear whether a serious risk to personal life safety, health or unit security is present, should be referred to Risk Management Central Office for resolution.

## 8.03H Does the unit have:

AD - 3.16 [ACA 4-4215M]

- A. A written policy and procedure for the storage, control, and use of all hazardous chemicals, that includes a method that accounts for the distribution and accountability of these chemicals? ☒ YES NO N/A
- B. Hazardous chemicals stored with regards to their flammability and/or chemical characteristics? ☒ YES NO N/A
- C. Hazardous chemicals stored in secure areas that are inaccessible to offenders, and are controlled and accounted for? ☒ YES NO N/A

COMMENTS: Reviewed Policy that addresses hazardous chemical procedures. Chemical boxes are secured and inventoried and also inaccessible to offenders. Hazardous chemicals are stored appropriately according to flammability/chemical characteristics.

**METHODOLOGY:** All documentation and inspections must indicate a procedure is in place and functional for the control, distribution and use of hazardous chemicals. **A.** Review policy to verify it addresses the unit requirements regarding the procedures and practices for hazardous chemicals. **B.** Inspect chemical storage areas. Verify flammable chemicals are stored in approved flammable storage cabinets. Verify reactive chemicals are stored with regards to their chemical characteristics. Refer to Material Safety Data Sheets (MSDS) for specific chemical storage requirements, if unsure of particular chemicals. **C.** Inspect chemical storage areas to verify offender access is restricted and controlled and individual chemical accountability logs reflect accurate inventory.

## 8.04H Does the unit have the following items regarding the Major Emergency Response Plan: (RM-05) [ACA 4-4220M, ACA 4-4221M; ACA 4-4222M]

- A. A risk assessment conducted by the URM that identifies potential threats to the unit? ☒ YES NO N/A
- B. A current plan that addresses response and evacuation issues, to include a specific Medical Department evacuation plan that addresses ambulatory and non-ambulatory patient evacuation? ☒ YES NO N/A
- C. A detailed unit fire plan, that addresses such issues as response, evacuation, suppression, etc. and has the plan been provided to the local responding fire department? ☒ YES NO N/A
- D. A detailed procedure that specifies means for the immediate release of offenders from locked areas of the unit during an emergency? ☒ YES NO N/A
- E. Documentation of table-top and functional exercises being conducted relating to staff responsibilities and actions during emergency situations? ☒ YES NO N/A
- F. A location for the plan that maintains its "security-sensitive and confidential" nature, allows for employee review, and is readily accessible to senior supervisory staff during periods of emergency situations? ☒ YES NO N/A

COMMENTS: Reviewed the Major Emergency Response Plan and Tab J for completion. Emergency Exit diagrams are placed appropriately. Inspected area where Major Emergency Response plan is kept.

**METHODOLOGY:** All documentation must indicate the unit has established a functional Major Emergency Response Plan. **A.** Review the Plan's Tab J for completion. **B.** Review the Plan for annual reviews, updates and changes; and, building/room floor plans highlighting emergency exits, paths of travel and areas of refuge. Verify during walk-thru inspection of the unit that Emergency Exit diagrams are conspicuously posted. Verify the Unit Fire Plan. **C.** Documentation to verify the responding local fire department has been provided a copy, or has at least reviewed the plan. **D.** Review plan for procedures clearly defining the responsibilities of personnel in emergency situations; to include, the location and identification of keys. In the event the unit utilizes only manual locking systems, a staff plan for manually releasing locks shall be identified. **E.** Review documentation for the previous 12-month period to verify a minimum of one major emergency tabletop exercise



**ATTORNEYS EYES ONLY****I. ADMINISTRATIVE REVIEW AND RISK MANAGEMENT 8. RISK MANAGEMENT**

and one functional exercise is conducted each year. Verify both tabletop exercises and full-scale simulations are evaluated in writing, to include recommendations for changes in procedures, equipment, and other similar items. F. Review the location where the Plan is maintained. Copies of specific sections of the Plan may be distributed to appropriate local authorities and any outside agencies or departments on a need-to-know basis.

8.05H With regards to fire protection, suppression and alarms, and staff responsibilities, does the unit: (RM-05; RM-17; RM-22) [ACA 4-4211M, ACA 4-4220M, ACA 4-4221M]

- |    |   |            |           |     |
|----|---|------------|-----------|-----|
| A. | Have either an operable automatic fire/smoke alarm system and/or approved 24-hour fire watch program?   | <u>YES</u> | NO        | N/A |
| B. | Inspect fire extinguishers monthly and annually, and service them as required?  | YES        | <u>NO</u> | N/A |
| C. | Have fire extinguishers properly distributed and available?   | <u>YES</u> | NO        | N/A |
| D. | Have emergency exit keys identifiable by sight and touch?   | <u>YES</u> | NO        | N/A |
| E. | Conduct fire drills at least quarterly in all areas/departments/buildings of the unit, including offender-housing areas?  | <u>YES</u> | NO        | N/A |
| F. | Ensure staff members are familiar with the fire plan, to include their responsibilities regarding emergency response and are the response times during emergency fire drills within established parameters? | <u>YES</u> | NO        | N/A |
| G. | Have a written policy/procedure regarding an established Hot Work Permit program?   | <u>YES</u> | NO        | N/A |

COMMENTS: Verified that a 24 hour Fire Watch Program is approved and implemented with approved letter from Administrator. Interviewed. Inspected all fire extinguishers for compliance. Several were not compliant. Interviewed 10 staff members to ensure

**METHODOLOGY:** A. Visually inspect the fire alarm panels to verify the system is functional. If the system is functional, verify that a 24 hour fire watch program is approved to be implemented within 4 hours in the event the system goes down. If the system is not functional review documentation of the 24-hour fire watch program for the previous 6 month period to verify staff members are properly documenting fire watches. Verify the 24-hour fire watch program has an approval letter from the Administrator of the Risk Management Program stating the plan has been accepted. B. During a walk-thru review of the unit, visually inspect all extinguishers for inspection and servicing dates. Of the extinguishers inspected, 97% must show evidence of monthly inspection documentation. C. Review placement and accessibility of fire extinguishers during walk-thru review. (Note: In correction/detention occupancies, fire extinguishers may be maintained in locked locations, as long as staff is knowledgeable of the location of the extinguishers and keys are readily available.) D. Visually inspect emergency keys and interview control picket/central control officer to verify they are knowledgeable of the location and identification of the emergency keys. E. Review documentation for the previous 6 month period and verify a drill has been conducted each security shift in each offender living area (building) at least once per quarter and at least quarterly in all other buildings/work areas. F. Interview 10 staff members (5 uniformed and 5 non-uniformed) to evaluate their knowledge of the fire plan, to include emergency evacuation. Conduct at least one fire drill in an offender living area and evaluate staff response times. Time parameters are: within 2 minutes of notification of the drill to central control, security supervisory staff is notified and emergency response to the affected area commences; and responding staff arrives within 3 minutes or less – prompt response; over 3 minutes, but not in excess of 13 minutes – slow response (noted as an Observation in Review Summary); more than 13 minutes – impractical (noted as a Finding). The drill is to be concluded when the responding staff members open the appropriate housing area emergency exit door. The emergency exit door shall be opened to verify its operability. (NOTE: Offenders need not be evacuated during the drill!) G. Review documentation for the previous 3-month period. Verify through interviews with Unit Maintenance staff and other departments where welding/grinding activities occur that they are aware of the requirements and procedures for obtaining Hot Work Permits.

8.05H (B)  
see attachment  
IOC

Knowledge of emergency procedures

8.05H (F) Joyce Anders - Offender Records

Nurse Bonita Alexander - Medical

Nina Delaney - Sociology - Intake

EB Lisa Hollins - Photo ID - Intake September 2010

URMC Roy Stone -

Non-Uniformed

COE Katrina Mayes

COE Karen Randle

COE Latina White

COE Walter Williams

COE Steve Greene



## I. ADMINISTRATIVE REVIEW AND RISK MANAGEMENT 8. RISK MANAGEMENT

8.06H With regards to Work Safe Programs, does the unit have policies, procedures and practices that include:  
(RM-19; RM-20; RM-23) [ACA 4-4455M]

- |    |  |                                      |    |     |
|----|--|--------------------------------------|----|-----|
| A. | A written lockout/tagout policy and procedure for the isolation of hazardous energy?   | <input checked="" type="radio"/> YES | NO | N/A |
| B. | The utilization of ground fault protection systems to protect staff and offenders from electrical shocks in wet areas (i.e., kitchen, boiler room, etc.)?  | <input checked="" type="radio"/> YES | NO | N/A |
| C. | The mandatory wearing of personal protective equipment (i.e., safety shoes, hearing protection, eye protection, etc.) in required areas, as well as adequate signage posted warning of the potential hazard?         | <input checked="" type="radio"/> YES | NO | N/A |
| D. | Department supervisors ensuring that personal protective equipment (i.e., safety shoes, hearing protection, eye protection, etc.) is provided to staff and offenders and that it is appropriate to protect the user? | <input checked="" type="radio"/> YES | NO | N/A |
| E. | Department supervisors maintaining personal protective equipment in a sanitary and reliable condition?   | <input checked="" type="radio"/> YES | NO | N/A |

COMMENTS: Reviewed Unit lockout/tagout policy. Interviewed URM Roy Stone and Maintenance Supervisor Jerry Rahn about GFCI's. Inspected the use of PPE and signage was posted. Inspected condition of PPE and availability.

**METHODOLOGY:** All documentation and inspections must indicate the unit has established appropriate Work Safe Programs for all staff and offenders. A. Review unit lockout/tagout policy and procedure to verify it addresses the isolation of stored energy, use of lockout tags and devices and it is specific to the unit and identifies all departments. B. Interview URM and Unit Maintenance Supervisor to determine if the unit is provided with ground fault circuit interrupters (GFCI) and the Maintenance Department utilizes portable GFCI devices when performing work in wet areas. C. Verify the use of PPE and that signage is posted in all areas where the mandatory wearing of personal protection equipment (PPE) is required. PPE Definitions: Eyewear, safety shoes, steel toe boots, hard hats, hearing protection, and other types of specified PPE. D. Verify the availability and use of PPE, where it is appropriate and required. E. Visually inspect the physical condition of PPE.

8.07H With regards to temperature extremes in the work place, is:  
(AD-10.64)

- |    |  |                                      |                                     |     |
|----|--|--------------------------------------|-------------------------------------|-----|
| A. | Training for employees conducted each Spring covering hot weather and each Fall covering cold weather? | <input checked="" type="radio"/> YES | NO                                  | N/A |
| B. | The URM monitoring unit compliance regarding temperature extremes in the workplace?                    | YES                                  | <input checked="" type="radio"/> NO | N/A |

COMMENTS: Reviewed most recent training documentation on file. Reviewed documentation for temperature logs for the previous 90 day period. Some shifts departments were not completing the logs appropriately. see Attachments

**METHODOLOGY:** All records must indicate appropriate staff has received training and unit has an effective method of monitoring temperature extremes. A. Review most recent training documentation on file in the URM's office. Verify the unit medical department conducted the training and a medical practitioner has signed the training documentation. Verify a copy of the training documentation was forwarded to the Unit Human Resources Office and the original documentation is maintained in the Unit Medical Department. B. Review documentation (i.e., temperature logs and/or unit procedures) on temperature extremes for the previous 90 day period for completeness and verify appropriate action is taken to reduce temperature exposures during periods of heat and cold extremes. Verify the URM is monitoring temperature extreme compliance through documentation and signature (should not miss more than 9 days of temperature recordings [no more than 3 consecutive]).



## I. ADMINISTRATIVE REVIEW AND RISK MANAGEMENT 8. RISK MANAGEMENT

- 8.08 Does the unit have an established Collateral Duty Safety Officer (CDSO) Program, with representation from at least the major unit departments, to include:  
(RM-11)

- |    |   |                                      |    |     |
|----|---|--------------------------------------|----|-----|
| A. | The CDSO appointment, in writing, by the responsible department supervisor/head?  | <input checked="" type="radio"/> YES | NO | N/A |
| B. | The CDSO receiving training on their responsibilities from the respective department supervisor/head and the Unit Risk Manager?   | <input checked="" type="radio"/> YES | NO | N/A |
| C. | Active participation by the CDSO in the program, such as providing training to employees and offenders, assisting with the investigation of employee and offender accidents, assisting the department supervisor with conducting inspections, etc.? | <input checked="" type="radio"/> YES | NO | N/A |

COMMENTS: Reviewed CDSO assignments and documentation for a 12 month period

**METHODOLOGY:** A. Review all documentation on CDSO assignments. B. Review all documentation of CDSO training. C. Review documentation for the previous 12-month period. Documentation must indicate at least 50% activity of assigned CDSO's (example: Unit has 25 assigned CDSO's – then not more than 12 should be absent from meetings or training or have documentation indicating non-participation.)

- 8.09 Is there a Unit Risk Management/Safety Policy that reflects the Senior Warden's philosophy regarding compliance with established occupational safety and health, fire and life safety, emergency management standards and risk management procedures?  
(ED-10.59; ED-10.61)

<input checked="" type="radio"/> YES	NO	N/A
--------------------------------------	----	-----

COMMENTS: Reviewed URM Safety Policy Statement, document has current Warden's signature and is distributed appropriately.

**METHODOLOGY:** Review the Unit Risk Management/Safety Policy Statement. The policy statement shall reflect the current Warden's signature. Verify the policy statement is distributed to each department and posted conspicuously throughout the facility on workplace bulletin boards and it is available to all employees and offenders

- 8.10 Does the URM complete a Monthly Summary/Report detailing injury information, inspection results, and other pertinent information, and forward it to the Unit Warden?

<input checked="" type="radio"/> YES	NO	N/A
--------------------------------------	----	-----

COMMENTS: Reviewed URM's documentation for previous 12 month period and reports have been forwarded to the Senior Warden.

**METHODOLOGY:** Review URM's monthly Summary for the previous 12 month period. Verify the Summary includes detailed information regarding employee and offender injuries, injury trends and information involving inspection activities. There must be documentation for each month indicating the URM has submitted a report/communication to the Warden.

- 8.11 With regards to the Unit Risk Management Committee:  
(RM-09)

- |    |   |                                      |    |     |
|----|---|--------------------------------------|----|-----|
| A. | Has the Warden appointed a Unit Risk Management Committee with a representative from a selection of the major departments?  | <input checked="" type="radio"/> YES | NO | N/A |
| B. | Is the Committee chaired by the rank of (at least) Assistant Warden, or Major for those units with no Assistant Warden position?  | <input checked="" type="radio"/> YES | NO | N/A |
| C. | Does the Committee meet at least quarterly?   | <input checked="" type="radio"/> YES | NO | N/A |
| D. | Is there a prepared agenda for all meetings, and is it forwarded to the Committee at least one week in advance of the meeting, and are agenda items and other pertinent information adequately addressed? | <input checked="" type="radio"/> YES | NO | N/A |



## I. ADMINISTRATIVE REVIEW AND RISK MANAGEMENT 8. RISK MANAGEMENT

COMMENTS: Reviewed documentation on Unit Risk Management Committee makeup and members. Reviewed 12 months documentation on committee meetings.

**METHODOLOGY:** All documentation must indicate the Unit Risk Management Committee is functional and meeting as required. A. Review documentation regarding the make-up of the Unit Risk Management Committee. B. Review the Committee member documentation. C. Review documentation of Committee meetings for the previous 12-month period. D. Review agenda documentation for the previous 12-month period.

8.12 With regards to compliance with the Americans with Disabilities (ADA) Act, has the Unit Risk Manager: (RM-12) [ACA 4-4142, 4-4169]

A. Conducted an ADA physical premises self-evaluation of the unit, and if so, is the evaluation updated annually or as changes or repairs occur?

YES NO N/A

B. Investigated offender grievances relating to ADA issues?

YES NO N/A

COMMENTS: Reviewed ADA self-evaluation documentation. No grievances relating to ADA issues at this time.

**METHODOLOGY:** A. Review ADA self-evaluation documentation. For those units where the Risk Management Central Office has conducted an ADA Evaluation, this documentation should be used in lieu of the URM unit self-evaluation. B. Review documentation for the previous 3-month period regarding offender grievances. Documentation must indicate the URM is investigating ADA related offender grievances, in accordance with the Grievance Policy.

8.13 With regards to the Alternate Unit Risk Manager: (RM-16)

A. Is there an employee designated/identified as the Alternate Unit Risk Manager or, in the absence of an Alternate Risk Manager, an employee designated to fulfill the responsibilities of the Unit Risk Manager during periods of their prolonged absence?

YES NO N/A

B. Has training been provided to the Alternate Risk Manager (if designated) to ensure that the individual has an understanding of the responsibilities of the position?

YES NO N/A

COMMENTS: Reviewed documentation on appointment of the Alternate URM. Interviewed Cox Renette Leinhardt about her training and knowledge of this position. Officer Leinhardt was very knowledgeable and helpful.

**METHODOLOGY:** Documentation must indicate an employee has been identified and trained to assume the basic duties of the URM (i.e., data entry into SI00). A. Review documentation on the appointment of the Alternate Unit Risk Manager, or review documentation and interview designee to ensure there is an understanding of the requirements of maintaining the flow of information regarding employee and offender injuries into the SI00 Automated Reporting System. B. Review training documentation and interview the Alternate.

8.14 With regards to Community Work Projects does the URM: (RM-13) (AD-7.11)

A. Conduct and document a jobsite and equipment inspection for community work projects and public service programs prior to the initiation of any work?

YES NO N/A

B. Conduct inspections/visits of ongoing projects to ensure the safety of offenders and to ensure that the work is being performed in a safe and efficient manner?

YES NO N/A

COMMENTS: Documentation indicated the URM is involved with inspections of all Community Work Projects. Reviewed all documentation of work done by Community Work Squads.

**METHODOLOGY:** Documentation must indicate the URM is involved with the inspection of all Community Work Projects. A. Review documentation for the previous 6-month period. B. Review documentation of work



## I. ADMINISTRATIVE REVIEW AND RISK MANAGEMENT 8. RISK MANAGEMENT

**NOTE:** → Private facilities are not required to enter 'employee' injury information into the SI00 System.  
→ This checklist item is audited by Risk Management Central Office or Regional Risk Management Supervisory staff during Division-Level Reviews and annually by the Regional Risk Management Supervisor.

8.15 Are employee and offender accidents and injuries adequately investigated, to include:  
(RM-06; RM-30) (ED10.59; ED10.61)

- |    |   |            |    |     |
|----|---|------------|----|-----|
| A. | All employee and offender injury information entered into the SI00 Automated Reporting System within 5 business days from the date of injury?                                       | <u>YES</u> | NO | N/A |
| B. | Regardless of the date of injury, employee and offender injury information entered into Screen 1 of the SI00 not later than the 3 <sup>rd</sup> to last business day of each month? | <u>YES</u> | NO | N/A |
| C. | An investigation has been completed and determinations identifying causative factors and recommendations for effective corrective actions?  | <u>YES</u> | NO | N/A |
| D. | Corrective action being taken (where applicable), and documented on employee and offender injuries by the responsible department/supervisor?  | <u>YES</u> | NO | N/A |

COMMENTS: *Reviewed documentation on file concerning injury investigations, review of SI00 entries and documentation. All investigations were conducted appropriately, and corrective action taken accordingly.*

**METHODOLOGY:** A. & B. For the 3-month period preceding the operational review, generate a report to verify injury information is validated by comparing the date of the injury with the date the information was entered. For any injury investigations that exceeded the 5-day time specification, review documentation on file with the URM to verify if an extension had been granted by the Regional Risk Management Supervisor. Extensions should not exceed 10 business days from the date of the request. Validate Screen 1 injury information to verify its entry is no later than the 3<sup>rd</sup> to last business day of each month regardless of the date of injury. All other injury information for those injuries that occur during the last week of the month is to be entered within the 5-business day time frame. On a 90 day average a unit shall not exceed a 5% ratio on late entries into the SI00 System for employee and offender injuries – formula: # injuries x 5% = error rate (example: based on 12 employee injuries no more than 1 can be entered late and based of 150 offender injuries no more than 7 can be entered late). C. For the 3-month period preceding the operational review, review 25% of employee injuries and 25% of offender work related injuries entered into SI00 and verify an investigation into the accident has been completed and the cause of the accident has been determined and corrective actions were recommended D. For the 3-month period preceding the operational review, generate a report of employee and offender injury investigations and verify corrective action has been taken by the responsible department/supervisor. Review 25% of employee and offender injury investigations comparing the corrective action recommendations and corrective action taken with the documentation contained in the injury investigation to verify appropriate corrective action has been taken. Validate corrective action documentation to verify it is signed by the responsible department supervisor and where applicable the employee or offender. Corrective action must be taken on all employee accidental injuries and all offender occupational (work-related) injuries.



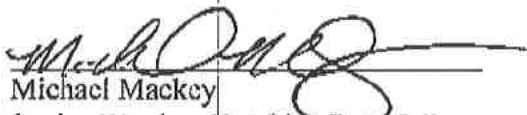
**DECLARATION OF MICHAEL MACKEY**

"I am over 21 years of age, of sound mind, capable of making this declaration, and personally acquainted with the facts herein stated.

"I am a custodian of records for the Hutchins State Jail, a part of the Texas Department of Criminal Justice ("TDCJ"). Attached are true and correct copies of Hutchins State Jail Risk Management reports and logs from 2011, which are kept by the TDCJ in the regular course of its business activity. The entries of such records were made as a regularly conducted activity and a regular practice of the TDCJ, and were made at or near the time of the occurrence of the matters set forth by, or from information transmitted by, a person with knowledge of those matters.

"My name is Michael Mackey and I am an employee of the TDCJ, a governmental agency. I am executing this declaration as part of my assigned duties and responsibilities. I declare under penalty of perjury that the foregoing is true and correct."

Executed in Dallas County, State of Texas, on the 16 day of June, 2016.

  
Michael Mackey  
Senior Warden, Hutchins State Jail  
Texas Department of Criminal Justice



## TEXAS DEPARTMENT OF CRIMINAL JUSTICE

## Inter-Office Communications

TO: Whom it may concern DATE: 10/20/2011FROM: Operational Review Sgt. Jason Stilwell SUBJECT: Expired Fire Extinguishers

## Risk Management audit checklist

8.05H (B)-Inspect fire extinguishers monthly and annually, and service them as required.

D 1-4 monthly inspection log not documented for October 2011

## Infirmary Fire Extinguishers:

Front-manufacture date 2004 expired 2010

Back-manufacture date 2004 expired 2010

## Kitchen Fire Extinguishers:

Commissary receiving area-manufacture date 1999 expired 2005

Commissary warehouse-manufacture date 2002 expired 2008

## Unit Supply Fire Extinguishers:

Back dock area-manufacture date 1999 expired 2005

## Property/Receiving Fire Extinguishers:

Office area-manufacture date 2002 expired 2008

## Intake/Processing Fire Extinguishers:

Clerk Office area-manufacture date 2002 expired 2008

## B 5-8 Bldg. Fire Extinguishers:

Control Picket-manufacture date 2003 expired 2009



ATTORNEYS EYES ONLY

# TEXAS DEPARTMENT OF CRIMINAL JUSTICE

## Fire Drill Report

- To: RM Date: 10/19/2011
- From: RM Subject: Report of Fire Drill
1. Date of Drill 10/19/2011 Dept/Shift: Sec
2. Location of Fire: Laundry
3. What was burning? Small Engine Type of Fire: Carb, Monox
4. Who notified Central Control? R Storie Time: 2:03
5. Who obtained emergency keys? CO V Patterson
6. Was evacuation simulated or actual? Actual  
(Call security prior to any offender movement)
7. Time Drill Began: 2:03 Time Drill Ended: 2:09  
(Drill ends when all personnel have evacuated or if simulated, when emergency keys arrive.)
8. What means of suppression was used? Shut down By who? Sgt Ganner
9. Name of security supervisor who responded: Sgt Ganner
10. Time Risk Management Coordinator was notified: 2:03  
(If after hours, simulate notification)
11. Who assumed responsibility of on-scene commander? Sgt Ganner
12. Other personnel participating: CO IV Maddox  
CO V DeMance  
CO V Randal
13. Was medical notified? Yes ☒ No ☐
14. Were lights turned off and doors opened? Yes ☐ No ☒
15. List any problems encountered and/or recommendations: No Medical
16. Unit Risk Management Coordinator supervised drill? Yes Initial: RS
17. Supervisor Critique of Drill: ☒ Satisfactory ☐ Unsatisfactory
18. Supervisor's Name/Rank/Position: R Storie URMC
19. Risk Manager's Comments: Medical not available due to staff meetings in H-Building
20. If unsatisfactory, Warden's Initial: \_\_\_\_\_ Comments: \_\_\_\_\_



**ATTORNEYS EYES ONLY**

User ID: RST0054

01:13pm - Wed, Oct 19, 2011

Enter Command ==>

To: RST0054 - STORIE, ROY Message ID: 394923  
From: RST0054 - STORIE, ROY Date Sent: 10/19/11  
Subject: ABSENCE Priority: 000 Time Sent: 01:11pm

I WILL NOT BE ON THE UNIT 10/20/11 AND 10/21/11. IN MY ABSENCE  
THE ALTERNATE RISK MANAGER CO V LENHART, R. WILL BE AVAILABLE  
FOR ANY SAFETY RELATED ISSUES. MS LENHART'S EXTENSION IS 6170.  
THANK YOU  
R STORIE  
URMC

Sent to: DEPTHD <list> (to)  
SHIFTLT <list> (to)  
\* \* \* End of Message \* \* \*

COMMANDS: Ans TRa Read DEFer FILE P0st EDiT DEL PUT QUE DCal Print Help End



**HUTCHINS UNIT – Employee Safety Orientation**  
**Basic Safety Index**  
**Hutchins Unit**

---

- 01.0 WARDENS SAFETY POLICY STATEMENT
- 02.0 REPORTING OF HAZARDS
- 03.0 EMPLOYEE INJURY
- 04.0 EMPLOYEE INCIDENT DISPOSITION BOARD
- 05.0 INMATE INJURY
- 06.0 EMPLOYEES AND INMATE SAFETY TRAINING
- 07.0 FIRE PREVENTION AND CONTROL (UNIT FIRE SUPPRESSION TEAM)
- 08.0 FIRE DAMAGE REPORTING AND INVESTIGATION
- 09.0 OPERATION OF A MOTOR VEHICLE
- 10.0 VEHICLE ACCIDENTS AND PROPERTY DAMAGE
- 11.0 FIREARM SAFETY
- 12.0 HAZARDOUS COMMUNICATION ACT
- 13.0 PERSONAL PROTECTIVE EQUIPMENT
- 14.0 PREVENTION OF BACK INJURY PROGRAM
- 15.0 WEATHER PROGRAM
- 16.0 PREVENTION AND MANAGEMENT OF INMATE AGGRESSIVE BEHAVIOR
- 17.0 BASIC ELECTRICAL SAFETY
- 18.0 USE, CONTROL AND STORAGE OF FLAMMABLE LIQUIDS AND GASES
- 19.0 GOOD HOUSINGKEEPING
- 20.0 EMERGENCY RESPONSE PLAN

I, Charles D. Smith, ON THIS DATE, 10-7-11 DID RECEIVE UNIT SAFETY ORIENTATION AND BASIC ORIENTATION IN FIRE PROTECTION AND CONTROL. I HAVE READ ALL THE UNIT SOP'S THAT ARE LISTED AND I AM INFORMED THAT A COMPLETE LISTING OF THE UNIT SOP'S ARE AVAILABLE IN THE UNIT SAFETY OFFICE. I WAS AFFORDED THE OPPORTUNITY TO DISCUSS THESE PROCEDURES AND TO ASK ANY QUESTIONS CONCERNING THE PROCEDURES. I AGREE TO ABIDE BY ALL SAFETY RULES AND REGULATIONS, WHICH ARE A CONDITION OF EMPLOYMENT.



ATTORNEYS EYES ONLY

802H (AS)

## Risk Management Reports September - FY 2011

Shifts / Departments	Weekly					Monthly Report to RM **	Monthly Safety Training **				PPE*	Quarterly Fire Drill(s) *	
	Supervisor's Fire and Safety Inspections *						Employees		Offenders				
	26-01	02-08	09-15	16-22	23-29		Assigned	Trained	Assigned	Trained			
1 <sup>st</sup> Shift		X	X	X	X		X	72	71	3	3		A-1, A-2, B-1, B-2, C-1, C-2, D, E, F AD, Seg.
2 <sup>nd</sup> Shift		X	X	X	X		X	80	78	10	10		A-1, A-2, B-1, B-2, C-1, C-2, D, E, F, AD, Seg.
3 <sup>rd</sup> Shift								56	56				A-1, A-2, B-1, B-2, C-1, C-2, D, E, F, AD, Seg.
G Building		X	X	X	X		X	14	14	5	5	NA	
H Building			X	X				24	24	3	3	NA	
Commissary		X	X	X	X		X	3	3	4	4	NA	
Education								17	17	5	5	NA	
Com. Service		X	X	X	X		X	12	12	27	27	X X	
Food Service		X	X	X	X		X	25	20	25	20	XXXX	
DAPP		-	-	-	-		-	8	8	-	-	NA	
Laundry		X	X	X	X			7	7	101	69	XXX	
Maintenance		X	X	X	X		X	10	9	35	35	XXX	
Supply		X	X	X	X		X	2	2	8	8	XXXX	
UTMB		X	X	X	X		X	28	27	2	2	XXXX	
Diag./ Intake		X	X	X	X		X	10	10			NA	

APPENDIX 0962

McCOLLUM

APPENDIX 0962

McCOLLUM 07235

\* Send to Risk Manager immediately upon completion.

\*\* Send to Risk Manager with Monthly Report - no later than last workday of the month.



8:02 H (A)

# Risk Management Reports - April - FY 2011

Shifts / Departments	Weekly						Monthly Report to RM **	Monthly				PPE*	Quarterly Fire Drill(s) *
	Supervisor's Fire and Safety Inspections *							Safety Training **		Offenders			
	26-01	02-08	09-15	16-22	23-29	30-05		Assigned	Trained	Assigned	Trained		
1st Shift		✓	✓	✓	✓		✓	81	81	4	4		A-1, A-2, B-1, B-2, C-1, C-2, D, E, F, AD, Ssg
2nd Shift		✓	✓	✓	✓		✓	73	73	2	2		A-1, A-2, B-1, B-2, C-1, C-2, D, E, F, AD, Ssg
3rd Shift								59	59	0	0		A-1, A-2, B-1, B-2, C-1, C-2, D, E, F, AD, Ssg
G Building		✓	✓	✓	✓		✓	11	10	2	2		
H Building		✓	✓	✓	✓		✓	24	23	3	3	NA	
Commissary							✓	5	2	10	10	NA	
Education		✓	✓	✓	✓		✓	28	24	9	9	NA	
Com. Service		✓	✓	✓	✓		✓	13	12	23	23	✓	
Food Service		✓	✓	✓	✓		✓	24	19				
DAPP		NA	NA	NA	NA		NA	10	10	0	0	NA	
Laundry		✓	✓	✓	✓		✓	9	8	123	123	✓	
Maintenance		✓	✓	✓	✓		✓	9	9	21	21	✓	
Supply		✓	✓	✓	✓		✓	2	2	5	4	✓	
UTMB		✓	✓	✓	✓		✓	27	26	3	3	✓	
Drug/ Intake		✓	✓	✓	✓		✓	13	13	2	2	NA	

\* Send to Risk Manager immediately upon completion.

\*\* Send to Risk Manager with Monthly Report - no later than last workday of the month.



8-024(A)

## Risk Management Reports - May - FY 2011

Shifts / Departments	Weekly						Monthly						PPE*	Quarterly Fire Drill(s) *
	Supervisor's Fire and Safety Inspections *						Monthly Report to RM **	Safety Training **						
	Employees							Offenders						
	26-01	02-08	09-15	16-22	23-29	30-05	Assigned	Trained	Assigned	Trained				
Shift		✓	✓	✓	✓		✓	86	83				A-1, A-2, B-1, B-2, C-1, C-2, D, E, F, AD, Ssg	
2nd Shift	✓	✓	✓	✓	✓			80	72	21	21		A-1, A-2, B-1, B-2, C-1, C-2, D, E, F, AD, Ssg	
3rd Shift			✓	✓			✓	58	53				A-1, A-2, B-1, B-2, C-1, C-2, D, E, F, AD, Ssg	
G Building		✓	✓	✓	✓	✓	✓	11	10	5	5	NA		
H Building		✓	✓	✓	✓		✓	23	23	3	3	NA		
Commissary								4	4	11	11	NA		
Education		✓	✓	✓	✓	✓		9	9	27	24	NA		
Com. Service		✓	✓	✓	✓	✓	✓	12	12	31	31	✓✓✓✓		
Food Service		✓	✓	✓	✓	✓	✓	27	21	185	185	✓✓✓✓		
DAPP		NA	NA	NA	NA	NA	NA	10	10	0	0	NA		
Laundry		✓	✓	✓	✓	✓	✓	9	8	124	124	✓✓✓✓✓		
Maintenance		✓	✓	✓	✓	✓	✓	10	9	28	25	✓✓✓✓		
Supply		✓	✓	✓	✓	✓	✓	2	2	5	5	✓✓✓✓✓		
UTMB		✓	✓	✓	✓	✓	✓	29	28	3	3	✓✓✓✓✓		
Diag./ Intake		✓	✓	✓	✓	✓	✓	1	1	12	12	NA		

\* Send to Risk Manager immediately upon completion.  
 \*\* Send to Risk Manager with Monthly Report - no later than last workday of the month.



ATTORNEYS EYES ONLY

8.024 (A)

## Risk Management Reports - - FY 2011

June

Shifts / Departments	Weekly						Monthly						PPE*	Quarterly Fire Drill(s) *
	Supervisor's Fire and Safety Inspections *						Monthly Report to RM **	Safety Training **						
	Employees							Offenders						
	26-01	02-08	09-15	16-22	23-29	30-05	Assigned	Trained	Assigned	Trained				
Shift		✓	✓	✓	✓		79	72	4	21		A-1, A-2, B-1, B-2, C-1, C-2, D, E, F, AD, Seg		
2nd Shift		✓	✓	✓	✓		78 count	60 count	19 count	19 count		A-1, A-2, B-1, B-2, C-1, C-2, D, E, F, AD, Seg		
3rd Shift							64	60				A-1, A-2, B-1, B-2, C-1, C-2, D, E, F, AD, Seg		
G Building		✓	✓	✓	✓		12	11	5	5	NA			
H Building		✓	✓	✓	✓		33	25	3	3	NA			
Commissary							5	5	3	3	NA			
Education		✓	✓	✓	✓		24	24	1	1	NA			
Com. Service		✓	✓	✓	✓		12	12	39	39	✓✓✓✓			
Food Service		✓	✓	✓	✓		28	28	216	216	✓✓✓✓			
DAPP		NA	NA	NA	NA		16	10	-	-	NA			
Laundry		✓	✓	✓	✓		9 +12	9 +12	131	87	✓✓✓✓			
Maintenance		✓	✓	✓	✓		8	8	19	19	✓✓✓✓			
Supply		✓	✓	✓	✓		2	2	4	4	✓✓✓✓			
UTMB		✓	✓	✓	✓		29	29	2	2	✓✓✓✓			
Diag./ Intake		✓	✓	✓	✓		12	12	1	1	NA			

\* Send to Risk Manager immediately upon completion.  
 \*\* Send to Risk Manager with Monthly Report - no later than 1st workday of the month.



802H (A)

## Risk Management Reports JULY - - FY 2011

Shifts / Departments	Weekly						Monthly						PPE*	Fire Drill(s) *
	Supervisor's Fire and Safety Inspections *						Safety Training **							
	Monthly Report to RM **						Employees		Offenders					
	26-01	02-08	09-15	16-22	23-29	30-05	Assigned	Trained	Assigned	Trained				
Shift		✓	✓	✓	✓		84	84	4	4		A-1, A-2, B-1, B-2, C-1, C-2, D, E, F, AD, Seg		
Shift		✓	✓	✓	✓		80	75	4	4		A-1, A-2, B-1, B-2, C-1, C-2, D, E, F, AD, Seg		
Shift		✓	✓	✓	✓		49	57				A-1, A-2, B-1, B-2, C-1, C-2, D, E, F, AD, Seg		
G Building		✓	✓	✓	✓		13	13	2	2	✓			
H Building		✓	✓	✓	✓		24	22	1	1	NA			
Commissary							3	3			NA			
Education		✓	✓	✓			29	27	1	1	NA			
Com. Service		✓	✓	✓	✓		12	12	52	52	✓			
Food Service					✓		24	18	124	119	✓			
DAPP		NA	NA	NA	NA	NA	10	10	1	1	NA			
Laundry		✓	✓	✓	✓		9	9	94	78	✓			
Maintenance		✓	✓	✓	✓		9	9	26	22	✓			
Supply		✓	✓	✓	✓		2	2	4	4	✓			
UTMB		✓	✓	✓	✓		27	26	2	2	✓			
Diag/ Intake		✓	✓	✓	✓		11	11	12	1	NA			

\* Send to Risk Manager immediately upon completion.  
 \*\* Send to Risk Manager with Monthly Report - no later than last workday of the month.



8-024(A)

## Risk Management Reports August - - FY 2011

Shifts / Departments	Weekly						Monthly						PPE *	Quarterly Fire Drill(s) *
	Supervisor's Fire and Safety Inspections *						Monthly Report to RM **	Safety Training **						
	Employees							Offenders						
	26-01	02-08	09-15	16-22	23-29	30-05	Assigned	Trained	Assigned	Trained				
Shift		✓	✓	✓	✓	✓	77	77	6	4		A-1, A-2, B-1, B-2, C-1, C-2, D, E, F, AD, Seg.		
Shift		✓	✓	✓	✓		79	79	4	4		A-1, A-2, B-1, B-2, C-1, C-2, D, E, F, AD, Seg.		
Shift							57	57				A-1, A-2, B-1, B-2, C-1, C-2, D, E, F, AD, Seg.		
G Building		✓	✓	✓	✓	✓	12	12	4	4				
H Building							25	22	3	3	NA			
Commissary		✓	✓	✓	✓	✓	3	3	4	4	NA			
Education		✓	✓	✓	✓	✓	25	25	8	8	NA			
Com. Service		✓	✓	✓	✓	✓	12	12	37	37	✓✓✓✓			
Food Service		✓	✓	✓	✓	✓	25	23	154	154	✓✓✓✓			
DAPP							10	9	1	1	NA			
Laundry		✓	✓	✓	✓	✓	9	8	97	82	✓✓✓✓			
Maintenance		✓	✓	✓	✓	✓	11	9	30	24				
Supply		✓	✓	✓	✓	✓	2	2	3	3	✓✓✓✓			
UTMB		✓	✓	✓	✓	✓	28	27	1	1	✓✓✓✓			
Diag./ Intake		✓	✓	✓	✓	✓	10	10	10	10	NA			

\* Send to Risk Manager immediately upon completion.

\*\* Send to Risk Manager with Monthly Report - no later than last workday of the month.



# TEXAS DEPARTMENT OF CRIMINAL JUSTICE

## Temperature Log

Unit: Hutchins

Date: <u>10/10/11</u>	Outside Air Temperature	Humidity or Wind Speed	Heat Index or Wind Chill	Person Recording
6:30 a.m.	65	85	85	Gunderson
7:30 a.m.	64.6	84	84	Gunderson
8:30 a.m.	65.4	85	85	Gunderson
9:30 a.m.	66	81	81	Gunderson
10:30 a.m.	67.7	79	79	Gunderson
11:30 a.m.	68.8	77	77	Gunderson
12:30 p.m.	68.6	77	77	Gunderson
1:30 p.m.	70.9	72	70	Gunderson
2:30 p.m.	74.3	70	70	Mash
3:30 p.m.	75.4	66	76	Mash
4:30 p.m.	77.6	59	69	Mash
5:30 p.m.	77.9	55	75	Mash
6:30 p.m.	76.4	58	75	Mash



# TEXAS DEPARTMENT OF CRIMINAL JUSTICE Temperature Log

Unit: HJ

Date: <u>10/11/11</u>	Outside Air Temperature	Humidity or Wind Speed	Heat Index or Wind Chill	Person Recording
6:30 a.m.	63.0	85%	88	Hays
7:30 a.m.	64.0	87%	87	Hays
8:30 a.m.	65.0	86%	86	Hays
9:30 a.m.	74.0	86%	78.0	Hays
10:30 a.m.	75.0	71%	78.0	Hays
11:30 a.m.	75.0	71%	78.0	Hays
12:30 p.m.	85.0	63%	90.0	Hays
1:30 p.m.	85.0	63%	90.0	Hays
2:30 p.m.	80.0	61%	82.0	Hays
3:30 p.m.	85.0	60%	90	H
4:30 p.m.	84.0	65%	90	H
5:30 p.m.	80.0	62%	90	H
6:30 p.m.	75	60%	80	H



# TEXAS DEPARTMENT OF CRIMINAL JUSTICE

## Temperature Log

Unit: Hutchins

Date: <u>10/12/11</u>	Outside Air Temperature	Humidity or Wind Speed	Heat Index or Wind Chill	Person Recording
6:30 a.m.	64	74	<del>74</del>	M. to show
7:30 a.m.				
8:30 a.m.				
9:30 a.m.				
10:30 a.m.				
11:30 a.m.				
12:30 p.m.				
1:30 p.m.				
2:30 p.m.				
3:30 p.m.	85	72	93% <sup>o</sup>	Whitehead
4:30 p.m.	82	52	81% <sup>o</sup>	WHITEHEAD
5:30 p.m.	85	48	86	WHITEHEAD
6:30 p.m.	80	51	81	WHITEHEAD



# TEXAS DEPARTMENT OF CRIMINAL JUSTICE

## Temperature Log

Unit: HJ

Date:	Outside Air Temperature	Humidity or Wind Speed	Heat Index or Wind Chill	Person Recording
10/13/11				
6:30 a.m.	60	72%	69.8	Bailey
7:30 a.m.	63	70%		Bailey
8:30 a.m.	65	71%		Bailey
9:30 a.m.	66	68%		Bailey
10:30 a.m.	69	65%	70	Bailey
11:30 a.m.	71	63%	70	Bailey
12:30 p.m.	75	58%	76	Bailey
1:30 p.m.	77	53%	76	Bailey
2:30 p.m.	78	52%	81	WHITEHEAD
3:30 p.m.	80	48	86	WHITEHEAD
4:30 p.m.	80	43	86	WHITEHEAD
5:30 p.m.	79	35	78	WHITEHEAD
6:30 p.m.	79	36	78	WHITEHEAD



ATTORNEYS EYES ONLY

# TEXAS DEPARTMENT OF CRIMINAL JUSTICE

## Temperature Log

Unit: Hutchins

Date: <u>10/14/11</u>	Outside Air Temperature	Humidity or Wind Speed	Heat Index or Wind Chill	Person Recording
6:30 a.m.	64.0	84%	64.0	Burrell
7:30 a.m.	65.0	84%	65.0	Burrell
8:30 a.m.	66.0	81%	66.0	Burrell
9:30 a.m.	66	63	70	RS
10:30 a.m.	75	58%	76	LB
11:30 a.m.	<del>80</del>	58%	82	LB
12:30 p.m.	82	56%	81	LB
1:30 p.m.	82	56%	81	LB
2:30 p.m.	86	54%	86	LB
3:30 p.m.	87	53%	87°	Robinson
4:30 p.m.	88	44%	93°	Robinson
5:30 p.m.	87	41%	87°	Robinson
6:30 p.m.	83	41%	83°	Robinson



ATTORNEYS EYES ONLY

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Temperature Log**

Unit: \_\_\_\_\_

Date: <u>10/15/11</u>	Outside Air Temperature	Humidity or Wind Speed	Heat Index or Wind Chill	Person Recording
6:30 a.m.				
7:30 a.m.				
8:30 a.m.				
9:30 a.m.				
10:30 a.m.				
11:30 a.m.				
12:30 p.m.				
1:30 p.m.				
2:30 p.m.				
3:30 p.m.				
4:30 p.m.				
5:30 p.m.				
6:30 p.m.				



ATTORNEYS EYES ONLY

# TEXAS DEPARTMENT OF CRIMINAL JUSTICE

## Temperature Log

Unit: HJ

Date: <u>10/16/11</u>	Outside Air Temperature	Humidity or Wind Speed	Heat Index or Wind Chill	Person Recording
6:30 a.m.				
7:30 a.m.				
8:30 a.m.				
9:30 a.m.				
10:30 a.m.				
11:30 a.m.				
12:30 p.m.				
1:30 p.m.				
2:30 p.m.	88°	60%	90°	King
3:30 p.m.	90°	55%	100°	King
4:30 p.m.	89°	45%	96°	King
5:30 p.m.	88°	42%	88°	King
6:30 p.m.	85°	42%	86°	King



ATTORNEYS EYES ONLY

# TEXAS DEPARTMENT OF CRIMINAL JUSTICE Temperature Log

Unit: HJ

Date: <u>10-17-11</u>	Outside Air Temperature	Humidity or Wind Speed	Heat Index or Wind Chill	Person Recording
6:30 a.m.				
7:30 a.m.				
8:30 a.m.	64	<del>65</del> 78	<del>78</del> 65	Hamilton
9:30 a.m.	71.3	75	64	Hamilton
10:30 a.m.	75.4	74	67.5	Hamilton
11:30 a.m.	79.4	69	69.3	Hamilton
12:30 p.m.	83	66	70	Hamilton
1:30 p.m.	86	64	71	Hamilton
2:30 p.m.	89°	62%	100°	King
3:30 p.m.	90°	59%	100°	King
4:30 p.m.	90°	48%	96°	King
5:30 p.m.	89°	47%	96°	King
6:30 p.m.	85°	48%	88°	King



ATTORNEYS EYES ONLY

# TEXAS DEPARTMENT OF CRIMINAL JUSTICE

## Temperature Log

Unit: HJ

Date: <u>10/18/11</u>	Outside Air Temperature	Humidity or Wind Speed	Heat Index or Wind Chill	Person Recording
6:30 a.m.				
7:30 a.m.				
8:30 a.m.				
9:30 a.m.				
10:30 a.m.				
11:30 a.m.				
12:30 p.m.				
1:30 p.m.				
2:30 p.m.	67°	43%	68°	King
3:30 p.m.	67°	37%	68°	King
4:30 p.m.	68°	34%	68°	King
5:30 p.m.	68°	32%	67°	King
6:30 p.m.	66°	32%	67°	King



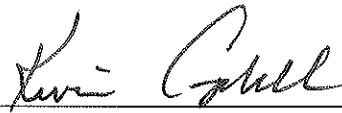
**DECLARATION OF KEVIN CAMPBELL**

“I am over 21 years of age, of sound mind, capable of making this declaration, and personally acquainted with the facts herein stated.

“I am a custodian of records for the Monitoring and Standards Department of the Administrative Review and Risk Management Division, a part of the Texas Department of Criminal Justice (“TDCJ”). Attached are true and correct copies of Hutchins State Jail Unit Level Operational Reviews from 2010 to 2013, Hutchins State Jail Division Level Operational Reviews for 2011, and Hutchins State Jail Division Level Follow-Up Reviews for 2011. These records are kept by the TDCJ in the regular course of its business activity. The entries of such records were made as a regularly conducted activity and a regular practice of the TDCJ, and were made at or near the time of the occurrence of the matters set forth by, or from information transmitted by, a person with knowledge of those matters.

“My name is Kevin Campbell and I am an employee of the TDCJ, a governmental agency. I am executing this declaration as part of my assigned duties and responsibilities. I declare under penalty of perjury that the foregoing is true and correct.”

Executed in Walker County, State of Texas, on the 15 day of June, 2016.

  
\_\_\_\_\_  
Kevin Campbell  
Manager, Monitoring & Standards  
Administrative Review & Risk Management  
Texas Department of Criminal Justice



## TEXAS DEPARTMENT OF CRIMINAL JUSTICE

ATTORNEYS EYES ONLY

ED-02.92  
Form L

## OPERATIONAL REVIEW ACTION PLAN

## I. FINDING REQUIRING CORRECTIVE ACTION

**Instructions:** For each uncorrected 'finding' reported at the time of a follow-up division-level review, the Unit Senior Warden shall, within 20 days, develop an 'Operational Review Action Plan' (Sections I & II).

Checklist # 13.01H

Hutchins

I Init

**Finding** (Describe the finding as it is stated in the follow-up report):

Inspected items in the Kitchen, Intake department, Office spaces and housing areas. Interviewed FSM Marlene Mcguire and two offenders in food service. Interviewed Ms. Lisa Hollins in Intake department who had seen a rodent in the area.

## II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

**Instructions:** In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
Sgt. Stilwell notified Risk Manager Roy Storie, Jerry Pugh Maintenance Supervisor, advised staff members not to store food items in the desk areas.	Lt. Christopher Hernandez, Jerry Pugh Maintenance Supervisor	October 8, 2011	October 8, 2011
Rodent traps were place in the areas where holes were observed.	Lt. Christopher Hernandez, Jerry Pugh Maintenance Supervisor	October 8, 2011	October 8, 2011
This will be monitored for the next 30 days.	Lt. Christopher Hernandez, Jerry Pugh Maintenance Supervisor	October 8, 2011	October 8, 2011

JEFF PRINGLE, WARDEN

Senior Warden (Print Name)

(Signature/Date)

## III. REGIONAL DIRECTOR / MANAGER / PD REGIONAL SUPERVISOR REVIEW

**Instructions:** The appropriate 'Reviewing Authority' shall: document below their review of the proposed Action Plan; track each task/ action step until completed; provide validation of completion (see Section IV) within 30 days; and forward copies at the various steps noted in ED-02.92.

a. ☐ Approved (may provide comments); or ☐ Not Approved (must provide comments).

b. Comments: \_\_\_\_\_

d. \_\_\_\_\_  
Reviewing Authority (Print Name / Title)

(Signature/Date)

## IV. VALIDATION OF COMPLETION

a. This is to validate that the foregoing Action Plan was satisfactorily completed, and the finding corrected, as of (date): \_\_\_\_\_

b. \_\_\_\_\_  
Reviewing Authority (Print Name / Title)

(Signature/Date)



## TEXAS DEPARTMENT OF CRIMINAL JUSTICE

ATTORNEYS EYES ONLY

ED-02.92  
Form L

## OPERATIONAL REVIEW ACTION PLAN

## I. FINDING REQUIRING CORRECTIVE ACTION

**Instructions:** For each uncorrected 'finding' reported at the time of a follow-up division-level review, the Unit Senior Warden shall, within 20 days, develop an 'Operational Review Action Plan' (Sections I & II).

Checklist # 13.06

Hutchins

I Init

**Finding** (Describe the finding as it is stated in the follow-up report):

Chow hall #1, Chow hall #2 and ODR gave holes in the baseboard near the serving line. Kitchen Commissary has a hole on the back east wall that goes thru to the pot wash area in the kitchen. B3 Emergency Exit Door-gap between door and door frame. F building pipe chase door (F0250) water damage door frame-rust. Exterior water damage B5-8, B1-4, and F buildings. Hole in corner of Intake/Property staff restroom.

## II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

**Instructions:** In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
Maintenance Supervisor Jerry Pugh notified, AD-84 completed for the AD 1020 program.	Lt. Christopher Hernandez, Jerry Pugh Maintenance Supervisor	October 8, 2011	
Work Order # will be closely monitored until completed	Lt. Christopher Hernandez, Jerry Pugh Maintenance Supervisor	October 8, 2011	
This will be monitored for the next 30 days.	Lt. Christopher Hernandez, Jerry Pugh Maintenance Supervisor	October 8, 2011	

JEFF PRINGLE, WARDEN

Senior Warden (Print Name)

(Signature/Date)

## III. REGIONAL DIRECTOR / MANAGER / PD REGIONAL SUPERVISOR REVIEW

**Instructions:** The appropriate 'Reviewing Authority' shall: document below their review of the proposed Action Plan; track each task/ action step until completed; provide validation of completion (see Section IV) within 30 days; and forward copies at the various steps noted in ED-02.92.

a. ☐ Approved (may provide comments); or ☐ Not Approved (must provide comments).

b. Comments:

d.

Reviewing Authority (Print Name / Title)

(Signature/Date)

## IV. VALIDATION OF COMPLETION

a. This is to validate that the foregoing Action Plan was satisfactorily completed, and the finding corrected, as of (date):

b.

Reviewing Authority (Print Name / Title)

(Signature/Date)



## TEXAS DEPARTMENT OF CRIMINAL JUSTICE

ATTORNEYS EYES ONLY

ED-02.92

Form L

## OPERATIONAL REVIEW ACTION PLAN

## I. FINDING REQUIRING CORRECTIVE ACTION

**Instructions:** For each uncorrected 'finding' reported at the time of a follow-up division-level review, the Unit Senior Warden shall, within 20 days, develop an 'Operational Review Action Plan' (Sections I & II).

Checklist # 1.04B

Hutchins

I Init

**Finding** (Describe the finding as it is stated in the follow-up report):

The Post Order/Policy Acknowledgement logs are incomplete missing signatures.

## II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

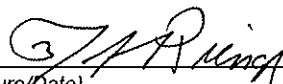
**Instructions:** In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
Shift Sergeants will inspect all Policy Acknowledgement Logs when conducting security checks on the buildings.	Shift Sergeants	October 29, 2011	
Shift Lieutenants will ensure that the Shift Sergeants are checking the Policy Acknowledgement Logs daily.	Shift Lieutenants	October 29, 2011	
This procedure will be closely monitored for the next 30 days.	Captain Tedral Towery, Captain Kyron Session	October 29, 2011	

JEFF PRINGLE, WARDEN

Senior Warden (Print Name)

(Signature/Date)

 11-7-11

## III. REGIONAL DIRECTOR / MANAGER / PD REGIONAL SUPERVISOR REVIEW

**Instructions:** The appropriate 'Reviewing Authority' shall: document below their review of the proposed Action Plan; track each task/ action step until completed; provide validation of completion (see Section IV) within 30 days; and forward copies at the various steps noted in ED-02.92.

a. ☐ Approved (may provide comments); or ☐ Not Approved (must provide comments).

b. Comments: \_\_\_\_\_

d. \_\_\_\_\_  
 Reviewing Authority (Print Name / Title) (Signature/Date)

## IV. VALIDATION OF COMPLETION

a. This is to validate that the foregoing Action Plan was satisfactorily completed, and the finding corrected, as of (date):

b. \_\_\_\_\_  
 Reviewing Authority (Print Name / Title) (Signature/Date)

11/06



## TEXAS DEPARTMENT OF CRIMINAL JUSTICE

ATTORNEYS EYES ONLY

ED-02.92

Form L

## OPERATIONAL REVIEW ACTION PLAN

## I. FINDING REQUIRING CORRECTIVE ACTION

**Instructions:** For each uncorrected 'finding' reported at the time of a follow-up division-level review, the Unit Senior Warden shall, within 20 days, develop an 'Operational Review Action Plan' (Sections I & II).

Checklist # 2.11HutchinsI Init

**Finding** (Describe the finding as it is stated in the follow-up report):

The quantity of equipment doesn't match the AIM's system established levels. The on hand quantity isn't within the 5% of authorized amount.

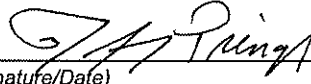
## II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

**Instructions:** In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
The unit will remain out of compliance until the AIM's system is updated to match our on hand quantities.	Lt. Delia Hale	October 9, 2011	October 31, 2011
The AIM's system was updated by Lt. Delia Hale to match our on hand quantities of equipment.	Major Terry May	October 9, 2011	October 31, 2011

JEFF PRINGLE, WARDEN

Senior Warden (Print Name)

  
(Signature/Date)11-7-11

## III. REGIONAL DIRECTOR / MANAGER / PD REGIONAL SUPERVISOR REVIEW

**Instructions:** The appropriate 'Reviewing Authority' shall: document below their review of the proposed Action Plan; track each task/ action step until completed; provide validation of completion (see Section IV) within 30 days; and forward copies at the various steps noted in ED-02.92.

a. ☐ Approved (may provide comments); or ☐ Not Approved (must provide comments).

b. Comments: \_\_\_\_\_

d. \_\_\_\_\_  
Reviewing Authority (Print Name / Title) (Signature/Date)

## IV. VALIDATION OF COMPLETION

a. This is to validate that the foregoing Action Plan was satisfactorily completed, and the finding corrected, as of (date): \_\_\_\_\_

b. \_\_\_\_\_  
Reviewing Authority (Print Name / Title) (Signature/Date)

11/06